

ORD INFORMATION
RESOURCE CENTER, HCFA

MEDICARE / MEDICAID NURSING HOME INFORMATION

NEW YORK
Part 2
LEWISTON to YONKERS



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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Otis R. Bowen, M.D.

Secretary

U.S. Department of Health & Human Services

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Administrator

Health Care Financing Administration

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

A handwritten signature in dark ink, reading "William L. Roper". The signature is fluid and cursive, with a large, stylized "W" and "R".

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a “snapshot” of the conditions in the nursing home at that time. The information does not describe the home’s success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the “State Government” section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

David Axelrod, M.D.
Commissioner

OFFICE OF HEALTH SYSTEMS MANAGEMENT

Raymond Sweeney
Director

Brian Hendricks
Executive Deputy Director

Overview of Certification and Enforcement

New York State issues an operating certificate (license), subject to a two-year renewal, to an operator of a nursing home which meets state requirements. The state may take action against a facility for serious violations of the regulations. In such cases New York State Public Health Law allows the state to impose fines, appoint an involuntary receiver or revoke the license of a facility. The state may impose fines up to \$1,000 per violation for a one time occurrence, or on a daily basis for continuing violations. In all cases, the primary objective is to obtain correction of the problem, thus ensuring the health and safety of the residents.

Resources Available to Consumers

New York State Department of Health
Office of Health Systems Management
Bureau of Long Term Care Services
Room 1882
Corning Tower Building
Empire State Plaza
Albany, New York 12203
(518) 474-2051

Ombudsman Program - New York State Office for the Aging

The Long Term Care Ombudsman Program investigates and resolves, for nursing home residents, problems that relate to their health, safety or rights, whether those be with the nursing home operator or any private or public provider service. For assistance contact:

The Long Term Care Ombudsman Program
New York State Office for the Aging
Agency Building #2 - 2nd Floor
Empire State Plaza
Albany, New York 12232
(800) 342-9871

Medicaid Fraud and Abuse

To report suspected Medicaid provider fraud or nursing home patient abuse contact:

The New York State Special Prosecutor for
Nursing Home and Medicaid Fraud Control
270 Broadway
New York, New York 10007
(212) 587-5300

Those wishing to make a complaint about an incident of patient physical abuse, mistreatment or neglect in a residential health care facility, may report it to the nearest area Office of Health Systems Management, the address and telephone number of each area office patient care investigation unit are listed below. Reports should be made directly to these offices during the hours of 8:00 a.m. to 4:30 p.m., Monday through Friday. The after-hours, weekend and holiday contact number is (518) 445-9989. Collect calls are accepted at all numbers.

Albany Area Office
Building 7-A, State Campus
Albany, New York 12226
(518) 457-7390

New Rochelle Area Office
145 Huguenot Street - 6th Floor
New Rochelle, New York 10801
(914) 632-3716

Buffalo Area Office
584 Delaware Avenue
Buffalo, New York 14202
(716) 847-4324

New York City Area Office
116 West 32nd Street - 14th Floor
New York, New York 10001
(212) 502-087

Rochester Area Office
Bevier Building
42 South Washington Street
Rochester, New York 14608
(716) 262-2010

Hauppauge Office
(Nassau and Suffolk Counties Only)
300 Motor Parkway
Hauppauge, New York 11788
(516) 231-1880

Syracuse Area Office
677 South Salina Street
Syracuse, New York 13202

To obtain nursing home survey results and/or Consumer Information
Summaries contact:

New York State Department of Health
Office of Health Systems Management
The Bureau of Health Facility Coordination
Room 1821
Corning Tower Building
Empire State Plaza
Albany, New York 12237
(518) 474-8306

State Office on Aging

See Ombudsman Program.

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers

Outside Maryland: 1-(800) 368-5779

Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

- 1) creates and supports a national network on aging;
- 2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
- 3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

- 1) quality health care to eligible beneficiaries;
- 2) awareness of the services for which beneficiaries are eligible; and
- 3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are “pressure sore” or “decubitus.”

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident’s body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident’s physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name: Self-explanatory
Street Address: Self-explanatory
City and State: Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing Residents requiring some or total assistance in bathing.		78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	6	5.0	489	5.0

The last section of the profile “Selected Performance Indicators,” tells about the nursing home’s performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home’s performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, “The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.”

Column 1 — Facility Met/Not Met: Shows either “Met” or “Not Met.” “Met” means that the nursing home performed satisfactorily in this area. “Not Met” would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE FAIRCHILD MANOR NH

Street Address: 765 FAIRCHILD PLACE		City and State: LEWISTON NY 14092	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 100	Type of Ownership: PROPRIETARY	Survey Date: 05/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	Medicare Residents: 2	Medicaid Residents: 64
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	88.8	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	95	96.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	90	91.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	95.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	75.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	32.7	42.0	37.7
Completely bedfast residents.	2	2.0	1.9	3.4
Residents confined to chairs.	41	41.8	54.8	50.8
Residents requiring restraints.	60	61.2	47.2	41.3
Confused or disoriented residents.	67	68.4	62.7	58.4
Residents with bed sores.	27	27.6	6.6	7.1
Residents receiving special skin care.	8	8.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SULLIVAN CO NH

Street Address: LOCH SHELDRAKE RD		City and State: LIBERTY NY 12754	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 76	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	Medicare Residents: 2	Medicaid Residents: 69	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	87.8	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	81.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	55	74.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	85.1	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	78.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	31.1	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	31	41.9	54.8	50.8
Residents requiring restraints.	32	43.2	47.2	41.3
Confused or disoriented residents.	52	70.3	62.7	58.4
Residents with bed sores.	2	2.7	6.6	7.1
Residents receiving special skin care.	55	74.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WALNUT MOUNTAIN NH

Street Address: LAKE ST		City and State: LIBERTY NY 12754	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 178	Type of Ownership: PROPRIETARY	Survey Date: 08/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 171	Medicare Residents: 4	Medicaid Residents: 145
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	126	73.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	114	66.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	129	75.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	55.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	17.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	33.9	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	51	29.8	54.8	50.8
Residents requiring restraints.	71	41.5	47.2	41.3
Confused or disoriented residents.	94	55.0	62.7	58.4
Residents with bed sores.	21	12.3	6.6	7.1
Residents receiving special skin care.	84	49.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LITTLE FALLS HOSP-ECF

Street Address: 140 BURWELL ST		City and State: LITTLE FALLS NY 13365	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 34	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	Medicare Residents: 0	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	88.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	34	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	97.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	100	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	67.6	42.0	37.7
Completely bedfast residents.	2	5.9	1.9	3.4
Residents confined to chairs.	32	94.1	54.8	50.8
Residents requiring restraints.	20	58.8	47.2	41.3
Confused or disoriented residents.	25	73.5	62.7	58.4
Residents with bed sores.	3	8.8	6.6	7.1
Residents receiving special skin care.	0	0.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VAN ALLEN NH

Street Address:		City and State:	
775 EAST MONROE ST		LITTLE FALLS NY 13365	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	80	PROPRIETARY	10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
75	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	97.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	55	73.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	54	72.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	76.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	54.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	25.3	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	13	17.3	54.8	50.8
Residents requiring restraints.	16	21.3	47.2	41.3
Confused or disoriented residents.	45	60.0	62.7	58.4
Residents with bed sores.	33	44.0	6.6	7.1
Residents receiving special skin care.	34	45.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LITTLE NECK NH

Street Address:		City and State:	
260-19 NASSAU BLVD		LITTLE NECK NY 11362	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	120	PROPRIETARY	04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
116	4	91		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	114	98.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	112	96.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	109	94.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	98.3	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	72.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	111	95.7	42.0	37.7
Completely bedfast residents.	1	0.9	1.9	3.4
Residents confined to chairs.	80	69.0	54.8	50.8
Residents requiring restraints.	66	56.9	47.2	41.3
Confused or disoriented residents.	74	63.8	62.7	58.4
Residents with bed sores.	7	6.0	6.6	7.1
Residents receiving special skin care.	15	12.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BIRCHWOOD HEALTH CARE CENTER INC

Street Address: 4800 BEAR RD		City and State: LIVERPOOL NY 13088	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 160	Type of Ownership: PROPRIETARY	Survey Date: 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 156	Medicare Residents: 4	Medicaid Residents: 97		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	134	85.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	134	85.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	115	73.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	77.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	96	61.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	26.3	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	30	19.2	54.8	50.8
Residents requiring restraints.	71	45.5	47.2	41.3
Confused or disoriented residents.	93	59.6	62.7	58.4
Residents with bed sores.	1	0.6	6.6	7.1
Residents receiving special skin care.	44	28.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ADVENTIST NH INC

Street Address: BOX 95 RT 9		City and State: LIVINGSTON NY 12541	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 2	Medicaid Residents: 108
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	85.0	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	103	85.8	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	99	82.5	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	88.3	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	95	79.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	12	10.0	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	29.2	42.0	37.7
Completely bedfast residents.	3	2.5	1.9	3.4
Residents confined to chairs.	88	73.3	54.8	50.8
Residents requiring restraints.	59	49.2	47.2	41.3
Confused or disoriented residents.	74	61.7	62.7	58.4
Residents with bed sores.	9	7.5	6.6	7.1
Residents receiving special skin care.	50	41.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CONESUS LAKE NH

Street Address: ROUTE 15		City and State: LIVONIA NY 14487	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 48	Type of Ownership: PROPRIETARY	Survey Date: 01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	Medicare Residents: 1	Medicaid Residents: 25		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	100	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	48	100	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	44	91.7	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	100	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	89.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	54.2	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	34	70.8	54.8	50.8
Residents requiring restraints.	25	52.1	47.2	41.3
Confused or disoriented residents.	32	66.7	62.7	58.4
Residents with bed sores.	1	2.1	6.6	7.1
Residents receiving special skin care.	12	25.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRIODY NH

Street Address:		City and State:	
909 LINCOLN AVE		LOCKPORT NY 14094	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	82	PROPRIETARY	06/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
77	4	33	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	88.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	87.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	66.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	39.0	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	70	90.9	54.8	50.8
Residents requiring restraints.	50	64.9	47.2	41.3
Confused or disoriented residents.	35	45.5	62.7	58.4
Residents with bed sores.	2	2.6	6.6	7.1
Residents receiving special skin care.	11	14.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MOUNT VIEW HEALTH FACILITY

Street Address: 5465 UPPER MOUNTAIN RD		City and State: LOCKPORT NY 14094	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 172	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 166	Medicare Residents: 7	Medicaid Residents: 152	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	154	92.8	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	161	97.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	152	91.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	152	91.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	138	83.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	99	59.6	42.0	37.7
Completely bedfast residents.	4	2.4	1.9	3.4
Residents confined to chairs.	150	90.4	54.8	50.8
Residents requiring restraints.	125	75.3	47.2	41.3
Confused or disoriented residents.	126	75.9	62.7	58.4
Residents with bed sores.	21	12.7	6.6	7.1
Residents receiving special skin care.	104	62.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ODD FELLOW REBEKAH NURSING HOME INC

Street Address:		City and State:	
104 OLD NIAGARA ROAD		LOCKPORT NY 14094	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT OTHER	10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
120	2	79		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	74.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	101	84.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	65.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	75.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	50.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	23.3	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	10	8.3	54.8	50.8
Residents requiring restraints.	34	28.3	47.2	41.3
Confused or disoriented residents.	73	60.8	62.7	58.4
Residents with bed sores.	4	3.3	6.6	7.1
Residents receiving special skin care.	28	23.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST CLARE MANOR

Street Address: 543 LOCUST ST		City and State: LOCKPORT NY 14094	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 28	Type of Ownership: NON-PROFIT OTHER	Survey Date: 03/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	Medicare Residents: 0	Medicaid Residents: 19
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	96.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	27	96.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	27	96.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	89.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	35.7	42.0	37.7
Completely bedfast residents.	2	7.1	1.9	3.4
Residents confined to chairs.	16	57.1	54.8	50.8
Residents requiring restraints.	23	82.1	47.2	41.3
Confused or disoriented residents.	22	78.6	62.7	58.4
Residents with bed sores.	1	3.6	6.6	7.1
Residents receiving special skin care.	9	32.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LONG BEACH GRANDELL CO NH

Street Address:		City and State:	
645 W BROADWAY		LONG BEACH NY 11561	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	278	PROPRIETARY	05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
277	3	246		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	219	79.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	118	42.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	91	32.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	24.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	27.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	15.5	42.0	37.7
Completely bedfast residents.	6	2.2	1.9	3.4
Residents confined to chairs.	44	15.9	54.8	50.8
Residents requiring restraints.	33	11.9	47.2	41.3
Confused or disoriented residents.	122	44.0	62.7	58.4
Residents with bed sores.	8	2.9	6.6	7.1
Residents receiving special skin care.	16	5.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LONG BEACH MEMORIAL NH

Street Address:		City and State:	
375 E BAY DR		LONG BEACH NY 11561	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	200	NON-PROFIT OTHER	07/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
195	8	182		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	189	96.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	156	80.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	137	70.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	141	72.3	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	148	75.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	105	53.8	42.0	37.7
Completely bedfast residents.	5	2.6	1.9	3.4
Residents confined to chairs.	111	56.9	54.8	50.8
Residents requiring restraints.	104	53.3	47.2	41.3
Confused or disoriented residents.	136	69.7	62.7	58.4
Residents with bed sores.	22	11.3	6.6	7.1
Residents receiving special skin care.	142	72.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LONG ISLAND TIDES NH

Street Address: 640 W BROADWAY		City and State: LONG BEACH NY 11561	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 182	Type of Ownership: PROPRIETARY	Survey Date: 11/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 173	Medicare Residents: 3	Medicaid Residents: 163			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		162	93.6	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		163	94.2	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		153	88.4	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		154	89.0	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		151	87.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.		1	0.6	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		42	24.3	42.0	37.7
Completely bedfast residents.		6	3.5	1.9	3.4
Residents confined to chairs.		129	74.6	54.8	50.8
Residents requiring restraints.		101	58.4	47.2	41.3
Confused or disoriented residents.		149	86.1	62.7	58.4
Residents with bed sores.		8	4.6	6.6	7.1
Residents receiving special skin care.		113	65.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEWIS CO GENERAL HOSP SNF

Street Address: 7785 N STATE ST		City and State: LOWVILLE NY 13367	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 138	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
131	2	117			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	129	98.5	86.3	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	102	77.9	84.2	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	102	77.9	75.9	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	122	93.1	78.2	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	87	66.4	70.4	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	53	40.5	42.0	37.7	
Completely bedfast residents.	0	0.0	1.9	3.4	
Residents confined to chairs.	62	47.3	54.8	50.8	
Residents requiring restraints.	68	51.9	47.2	41.3	
Confused or disoriented residents.	68	51.9	62.7	58.4	
Residents with bed sores.	13	9.9	6.6	7.1	
Residents receiving special skin care.	31	23.7	38.6	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EAST ROCKAWAY NH

Street Address:		City and State:	
243 ATLANTIC AVE		LYNBROOK NY 11563	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	100	PROPRIETARY	05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
94	1	53		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	92.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	94.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	84.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	84.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	67.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	54.3	42.0	37.7
Completely bedfast residents.	3	3.2	1.9	3.4
Residents confined to chairs.	79	84.0	54.8	50.8
Residents requiring restraints.	68	72.3	47.2	41.3
Confused or disoriented residents.	67	71.3	62.7	58.4
Residents with bed sores.	7	7.4	6.6	7.1
Residents receiving special skin care.	18	19.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WAYNE CO INFIRMARY

Street Address:		City and State:	
ROUTE 31		LYONS NY 14489	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	139	LOCAL GOVERNMENT	07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
139	0	139

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	68.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	103	74.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	97	69.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	64.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	61.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	28.8	42.0	37.7
Completely bedfast residents.	4	2.9	1.9	3.4
Residents confined to chairs.	105	75.5	54.8	50.8
Residents requiring restraints.	55	39.6	47.2	41.3
Confused or disoriented residents.	60	43.2	62.7	58.4
Residents with bed sores.	7	5.0	6.6	7.1
Residents receiving special skin care.	28	20.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CATTARAUGUS CO HOME INFIRMARY

Street Address:		City and State:	
RT 16		MACHIAS NY 14101	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	115	LOCAL GOVERNMENT	05/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
115	1	105	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	62.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	73.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	68.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	68.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	40.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	17.4	42.0	37.7
Completely bedfast residents.	4	3.5	1.9	3.4
Residents confined to chairs.	80	69.6	54.8	50.8
Residents requiring restraints.	66	57.4	47.2	41.3
Confused or disoriented residents.	59	51.3	62.7	58.4
Residents with bed sores.	0	0.0	6.6	7.1
Residents receiving special skin care.	60	52.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALICE HYDE NH

Street Address:		City and State:	
PARK ST		MALONE NY 12953	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	75	NON-PROFIT OTHER	05/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
75	2	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	92.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	69	92.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	92.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	94.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	86.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	69	92.0	42.0	37.7
Completely bedfast residents.	2	2.7	1.9	3.4
Residents confined to chairs.	25	33.3	54.8	50.8
Residents requiring restraints.	40	53.3	47.2	41.3
Confused or disoriented residents.	53	70.7	62.7	58.4
Residents with bed sores.	2	2.7	6.6	7.1
Residents receiving special skin care.	75	100	38.6	31.2

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FRANKLIN CO NH

Street Address: FINNEY BLVD		City and State: MALONE NY 12953	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 80	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	Medicare Residents: 1	Medicaid Residents: 66
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	93.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	96.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	91.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	86.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	2.5	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	46.2	42.0	37.7
Completely bedfast residents.	5	6.3	1.9	3.4
Residents confined to chairs.	49	61.2	54.8	50.8
Residents requiring restraints.	45	56.3	47.2	41.3
Confused or disoriented residents.	52	65.0	62.7	58.4
Residents with bed sores.	10	12.5	6.6	7.1
Residents receiving special skin care.	35	43.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SARAH R NEUMAN NH

Street Address:		City and State:	
845 PALMER AVE		MAMARONECK NY 10543	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	270	PROPRIETARY	09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
262	1	110	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	251	95.8	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	202	77.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	200	76.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	203	77.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	165	63.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	102	38.9	42.0	37.7
Completely bedfast residents.	6	2.3	1.9	3.4
Residents confined to chairs.	114	43.5	54.8	50.8
Residents requiring restraints.	88	33.6	47.2	41.3
Confused or disoriented residents.	169	64.5	62.7	58.4
Residents with bed sores.	10	3.8	6.6	7.1
Residents receiving special skin care.	91	34.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARGARETVILLE MEM HOSP

Street Address: ROUTE 28		City and State: MARGARETVILLE NY 12455	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 31	Type of Ownership: NON-PROFIT OTHER	Survey Date: 09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	Medicare Residents: 1	Medicaid Residents: 22		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	73.3	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	30	100	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	29	96.7	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	93.3	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	63.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	53.3	42.0	37.7
Completely bedfast residents.	2	6.7	1.9	3.4
Residents confined to chairs.	15	50.0	54.8	50.8
Residents requiring restraints.	13	43.3	47.2	41.3
Confused or disoriented residents.	18	60.0	62.7	58.4
Residents with bed sores.	3	10.0	6.6	7.1
Residents receiving special skin care.	4	13.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MIDWAY NH

Street Address:		City and State:	
69-95 QUEENS MIDTOWN EXPY		MASPETH NY 11378	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	200	PROPRIETARY	10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
197	144	6		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	183	92.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	183	92.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	177	89.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	178	90.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	167	84.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	119	60.4	42.0	37.7
Completely bedfast residents.	4	2.0	1.9	3.4
Residents confined to chairs.	178	90.4	54.8	50.8
Residents requiring restraints.	147	74.6	47.2	41.3
Confused or disoriented residents.	124	62.9	62.7	58.4
Residents with bed sores.	19	9.6	6.6	7.1
Residents receiving special skin care.	34	17.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARK VIEW NH

Street Address: 5353 MERRICK RD		City and State: MASSAPEQUA NY 11758	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 164	Type of Ownership: PROPRIETARY	Survey Date: 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 160	Medicare Residents: 4	Medicaid Residents: 123		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	156	97.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	160	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	146	91.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	152	95.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	128	80.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	107	66.9	42.0	37.7
Completely bedfast residents.	4	2.5	1.9	3.4
Residents confined to chairs.	112	70.0	54.8	50.8
Residents requiring restraints.	128	80.0	47.2	41.3
Confused or disoriented residents.	119	74.4	62.7	58.4
Residents with bed sores.	13	8.1	6.6	7.1
Residents receiving special skin care.	160	100	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HIGHLAND NH INC

Street Address: HIGHLAND RD		City and State: MASSENA NY 13662	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 140	Type of Ownership: PROPRIETARY	Survey Date: 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
133	0	133			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		120	90.2	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		124	93.2	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		114	85.7	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		114	85.7	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		95	71.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		55	41.4	42.0	37.7
Completely bedfast residents.		1	0.8	1.9	3.4
Residents confined to chairs.		48	36.1	54.8	50.8
Residents requiring restraints.		65	48.9	47.2	41.3
Confused or disoriented residents.		100	75.2	62.7	58.4
Residents with bed sores.		3	2.3	6.6	7.1
Residents receiving special skin care.		125	94.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST REGIS NH

Street Address: ST REGIS BLVD		City and State: MASSENA NY 13662	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 152	Type of Ownership: PROPRIETARY	Survey Date: 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 150	Medicare Residents: 1	Medicaid Residents: 124		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	57.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	95	63.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	44.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	38.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	38.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	13	8.7	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	16.0	42.0	37.7
Completely bedfast residents.	1	0.7	1.9	3.4
Residents confined to chairs.	29	19.3	54.8	50.8
Residents requiring restraints.	26	17.3	47.2	41.3
Confused or disoriented residents.	48	32.0	62.7	58.4
Residents with bed sores.	2	1.3	6.6	7.1
Residents receiving special skin care.	26	17.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEDINA MEM HOSP SNF

Street Address: 500 OHIO ST		City and State: MEDINA NY 14103	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 30	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	Medicare Residents: 1	Medicaid Residents: 24		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	78.6	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	27	96.4	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	26	92.9	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	92.9	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	60.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	35.7	42.0	37.7
Completely bedfast residents.	1	3.6	1.9	3.4
Residents confined to chairs.	9	32.1	54.8	50.8
Residents requiring restraints.	20	71.4	47.2	41.3
Confused or disoriented residents.	17	60.7	62.7	58.4
Residents with bed sores.	2	7.1	6.6	7.1
Residents receiving special skin care.	15	53.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ORCHARD MANOR NH

Street Address: 600 BATES ROAD		City and State: MEDINA NY 14103	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 2	Medicaid Residents: 75	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	71.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	94	78.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	90	75.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	79.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	55.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	44	36.7	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	45.0	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	3	2.5	54.8	50.8
Residents requiring restraints.	32	26.7	47.2	41.3
Confused or disoriented residents.	52	43.3	62.7	58.4
Residents with bed sores.	2	1.7	6.6	7.1
Residents receiving special skin care.	15	12.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CREST HALL HEALTH RELATED

Street Address:		City and State:	
OAKCREST AVE CHURCH LANE		MIDDLE ISLAND NY 11953	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	PROPRIETARY	12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
118	0	91	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	100	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	65	55.1	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	36	30.5	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	28.0	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	29.7	21.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	3.4	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	54	45.8	11.2	39.1
Residents requiring restraints.	15	12.7	3.0	31.7
Confused or disoriented residents.	65	55.1	37.3	55.8
Residents with bed sores.	0	0.0	0.4	4.7
Residents receiving special skin care.	10	8.5	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAK HOLLOW NURSING CENTER

Street Address:		City and State:	
OAKCREST AVE AND CHURCH LANE		MIDDLE ISLAND NY 11953	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	164	PROPRIETARY	11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
154	0	99		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	142	92.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	140	90.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	118	76.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	79.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	113	73.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	33.1	42.0	37.7
Completely bedfast residents.	3	1.9	1.9	3.4
Residents confined to chairs.	112	72.7	54.8	50.8
Residents requiring restraints.	79	51.3	47.2	41.3
Confused or disoriented residents.	117	76.0	62.7	58.4
Residents with bed sores.	10	6.5	6.6	7.1
Residents receiving special skin care.	13	8.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DRY HARBOR NH

Street Address:		City and State:	
61-35 DRY HARBOR RD		MIDDLE VILLAGE NY 11379	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	360	PROPRIETARY	12/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
349	5	264	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	283	81.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	266	76.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	207	59.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	215	61.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	199	57.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	125	35.8	42.0	37.7
Completely bedfast residents.	2	0.6	1.9	3.4
Residents confined to chairs.	147	42.1	54.8	50.8
Residents requiring restraints.	89	25.5	47.2	41.3
Confused or disoriented residents.	157	45.0	62.7	58.4
Residents with bed sores.	12	3.4	6.6	7.1
Residents receiving special skin care.	103	29.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MIDDLETOWN PARK MANOR HEALTH FACILITY

Street Address: 105 DUNNING RD		City and State: MIDDLETOWN NY 10940	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 130	Type of Ownership: PROPRIETARY	Survey Date: 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 124	Medicare Residents: 24	Medicaid Residents: 50		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	87.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	95	76.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	65.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	66.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	49.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	22.6	42.0	37.7
Completely bedfast residents.	1	0.8	1.9	3.4
Residents confined to chairs.	36	29.0	54.8	50.8
Residents requiring restraints.	28	22.6	47.2	41.3
Confused or disoriented residents.	69	55.6	62.7	58.4
Residents with bed sores.	11	8.9	6.6	7.1
Residents receiving special skin care.	103	83.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST THERESA'S NH INC

Street Address: 120 HIGHLAND AVE		City and State: MIDDLETOWN NY 10940	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 92	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90		Medicare Residents: 2		Medicaid Residents: 72	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#		%	%
Bathing					
Residents requiring some or total assistance in bathing.		80	88.9	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		84	93.3	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		74	82.2	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		78	86.7	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		69	76.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		37	41.1	42.0	37.7
Completely bedfast residents.		3	3.3	1.9	3.4
Residents confined to chairs.		61	67.8	54.8	50.8
Residents requiring restraints.		55	61.1	47.2	41.3
Confused or disoriented residents.		40	44.4	62.7	58.4
Residents with bed sores.		4	4.4	6.6	7.1
Residents receiving special skin care.		33	36.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DUTCHESS COUNTY HEALTH CARE FACILITY

Street Address:		City and State:	
OAK SUMMIT ROAD		MILLBROOK NY 12545	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	62	LOCAL GOVERNMENT	11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
61	0	59		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	98.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	98.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	96.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	96.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	95.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	59.0	42.0	37.7
Completely bedfast residents.	1	1.6	1.9	3.4
Residents confined to chairs.	48	78.7	54.8	50.8
Residents requiring restraints.	45	73.8	47.2	41.3
Confused or disoriented residents.	46	75.4	62.7	58.4
Residents with bed sores.	2	3.3	6.6	7.1
Residents receiving special skin care.	29	47.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HALLMARK NURSING CENTRE INC

Street Address: 217 EAST AVE		City and State: MINOA NY 13116	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 82	Type of Ownership: PROPRIETARY	Survey Date: 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	Medicare Residents: 1	Medicaid Residents: 55		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	88.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	95.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	85.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	84.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	84.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	56.8	42.0	37.7
Completely bedfast residents.	1	1.2	1.9	3.4
Residents confined to chairs.	57	70.4	54.8	50.8
Residents requiring restraints.	51	63.0	47.2	41.3
Confused or disoriented residents.	70	86.4	62.7	58.4
Residents with bed sores.	6	7.4	6.6	7.1
Residents receiving special skin care.	52	64.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARRS NH

Street Address: 3550 LEXINGTON AVE		City and State: MOHEGAN LAKE NY 10547	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 03/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	Medicare Residents: 6	Medicaid Residents: 71
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	110	95.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	108	93.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	101	87.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	86.1	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	94	81.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	41.7	42.0	37.7
Completely bedfast residents.	2	1.7	1.9	3.4
Residents confined to chairs.	35	30.4	54.8	50.8
Residents requiring restraints.	84	73.0	47.2	41.3
Confused or disoriented residents.	78	67.8	62.7	58.4
Residents with bed sores.	6	5.2	6.6	7.1
Residents receiving special skin care.	34	29.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTHERN METROPOLITAN NH

Street Address: 225 MAPLE AVE		City and State: MONSEY NY 10952	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 08/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	Medicare Residents: 0	Medicaid Residents: 104	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	96.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	110	94.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	103	88.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	91.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	70.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	34.5	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	67	57.8	54.8	50.8
Residents requiring restraints.	27	23.3	47.2	41.3
Confused or disoriented residents.	65	56.0	62.7	58.4
Residents with bed sores.	6	5.2	6.6	7.1
Residents receiving special skin care.	69	59.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MONTGOMERY NH

Street Address:		City and State:	
ALBANY POST ROAD		MONTGOMERY NY 12549	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	100	PROPRIETARY	05/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
100	2	32		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	88.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	91.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	83	83.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	88.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	84.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	5	5.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	37.0	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	37	37.0	54.8	50.8
Residents requiring restraints.	35	35.0	47.2	41.3
Confused or disoriented residents.	59	59.0	62.7	58.4
Residents with bed sores.	4	4.0	6.6	7.1
Residents receiving special skin care.	30	30.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SCHUYLER HOSP LTC UNIT

Street Address:		City and State:	
MONTOUR-TOWNSEND RD		MONTOUR FALLS NY 14865	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	40	NON-PROFIT OTHER	03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
40	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	40	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	40	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	39	97.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	97.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	75.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	40.0	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	37	92.5	54.8	50.8
Residents requiring restraints.	16	40.0	47.2	41.3
Confused or disoriented residents.	27	67.5	62.7	58.4
Residents with bed sores.	2	5.0	6.6	7.1
Residents receiving special skin care.	17	42.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOWD NH

Street Address:		City and State:	
7 KEELER AVE		MORAVIA NY 13118	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	40	NON-PROFIT OTHER	10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
37	1	17		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	94.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	36	97.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	35	94.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	89.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	86.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	51.4	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	17	45.9	54.8	50.8
Residents requiring restraints.	29	78.4	47.2	41.3
Confused or disoriented residents.	28	75.7	62.7	58.4
Residents with bed sores.	3	8.1	6.6	7.1
Residents receiving special skin care.	6	16.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SWISS HOME FOR THE AGED

Street Address: 53 MOUNTAIN AVE		City and State: MOUNT KISCO NY 10549	
Participation: MEDICAID ICF	# of Beds: 28	Type of Ownership: NON-PROFIT OTHER	Survey Date: 11/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 25	Medicare Residents: 0	Medicaid Residents: 15
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%

Bathing Residents requiring some or total assistance in bathing.	9	36.0	69.8	78.3
Dressing Residents requiring some or total assistance in dressing.	7	28.0	48.6	76.7
Toileting Residents requiring some or total assistance in toileting.	4	16.0	23.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	100	23.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	16.0	21.0	59.1
 Residents on individually written bowel and bladder retraining program.	0	0.0	2.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	10.3	29.3
 Completely bedfast residents.	0	0.0	0.6	3.6
 Residents confined to chairs.	0	0.0	11.2	39.1
 Residents requiring restraints.	0	0.0	3.0	31.7
 Confused or disoriented residents.	9	36.0	37.3	55.8
 Residents with bed sores.	0	0.0	0.4	4.7
 Residents receiving special skin care.	0	0.0	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LIVINGSTON CO HRF

Street Address:		City and State:	
LIVINGSTON CO CAMPUS BLDG 1		MOUNT MORRIS NY 14510	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	184	LOCAL GOVERNMENT	06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
170	0	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	147	86.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	113	66.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	89	52.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	47.1	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	47.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	23	13.5	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	21.8	42.0	37.7
Completely bedfast residents.	1	0.6	1.9	3.4
Residents confined to chairs.	48	28.2	54.8	50.8
Residents requiring restraints.	53	31.2	47.2	41.3
Confused or disoriented residents.	82	48.2	62.7	58.4
Residents with bed sores.	1	0.6	6.6	7.1
Residents receiving special skin care.	35	20.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHALOM NH

Street Address: 10 CLAREMONT AVE		City and State: MOUNT VERNON NY 10550	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 240	Type of Ownership: NON-PROFIT OTHER	Survey Date: 02/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 229	Medicare Residents: 8	Medicaid Residents: 193
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	222	96.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	221	96.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	211	92.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	204	89.1	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	187	81.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	6	2.6	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	114	49.8	42.0	37.7
Completely bedfast residents.	5	2.2	1.9	3.4
Residents confined to chairs.	171	74.7	54.8	50.8
Residents requiring restraints.	29	12.7	47.2	41.3
Confused or disoriented residents.	179	78.2	62.7	58.4
Residents with bed sores.	15	6.6	6.6	7.1
Residents receiving special skin care.	187	81.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WARTBURG NH

Street Address: BRADLEY AVE		City and State: MOUNT VERNON NY 10552	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 128	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 124	Medicare Residents: 10	Medicaid Residents: 90
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	122	98.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	113	91.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	86	69.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	83.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	58.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	35.5	42.0	37.7
Completely bedfast residents.	1	0.8	1.9	3.4
Residents confined to chairs.	34	27.4	54.8	50.8
Residents requiring restraints.	50	40.3	47.2	41.3
Confused or disoriented residents.	62	50.0	62.7	58.4
Residents with bed sores.	4	3.2	6.6	7.1
Residents receiving special skin care.	17	13.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ELMWOOD MANOR NH

Street Address:		City and State:	
199 MIDDLETOWN RD		NANUET NY 10954	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	228	PROPRIETARY	10/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
225	5	179

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	203	90.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	221	98.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	183	81.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	193	85.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	156	69.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	121	53.8	42.0	37.7
Completely bedfast residents.	13	5.8	1.9	3.4
Residents confined to chairs.	93	41.3	54.8	50.8
Residents requiring restraints.	130	57.8	47.2	41.3
Confused or disoriented residents.	122	54.2	62.7	58.4
Residents with bed sores.	15	6.7	6.6	7.1
Residents receiving special skin care.	20	8.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEPONSIT HOME FOR THE AGED

Street Address: 149-25 ROCKAWAY BEACH BLVD		City and State: NEPONSIT NY 11694	
Participation: MEDICAID ICF	# of Beds: 231	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 229	Medicare Residents: 0	Medicaid Residents: 226		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	38.0	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	115	50.2	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	47	20.5	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	17.9	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	18.3	21.0	59.1
Residents on individually written bowel and bladder retraining program.	8	3.5	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	3.9	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	5	2.2	11.2	39.1
Residents requiring restraints.	0	0.0	3.0	31.7
Confused or disoriented residents.	133	58.1	37.3	55.8
Residents with bed sores.	0	0.0	0.4	4.7
Residents receiving special skin care.	22	9.6	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NESCONSET NURSING CENTER NH

Street Address: 100 SOUTHERN BLVD		City and State: NESCONSET NY 11767	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 240	Type of Ownership: PROPRIETARY	Survey Date: 06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 233	Medicare Residents: 0	Medicaid Residents: 186
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	199	85.4	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	194	83.3	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	189	81.1	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	227	97.4	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	158	67.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	157	67.4	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	152	65.2	54.8	50.8
Residents requiring restraints.	111	47.6	47.2	41.3
Confused or disoriented residents.	149	63.9	62.7	58.4
Residents with bed sores.	23	9.9	6.6	7.1
Residents receiving special skin care.	38	16.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHASE MEMORIAL NH

Street Address:		City and State:	
ONE TERRACE HEIGHTS		NEW BERLIN NY 13411	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	80	NON-PROFIT OTHER	04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
80	0	67		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	97.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	76	95.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	85.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	91.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	76.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	36.2	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	69	86.2	54.8	50.8
Residents requiring restraints.	10	12.5	47.2	41.3
Confused or disoriented residents.	45	56.3	62.7	58.4
Residents with bed sores.	3	3.7	6.6	7.1
Residents receiving special skin care.	80	100	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FRIEDWALD HOUSE HRF

Street Address: 475 NEW HEMPSTEAD RD		City and State: NEW CITY NY 10956	
Participation: MEDICAID ICF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 167	Medicare Residents: 0	Medicaid Residents: 144	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	158	94.6	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	83	49.7	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	56	33.5	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	29.3	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	23.4	21.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	1.8	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	18	10.8	11.2	39.1
Residents requiring restraints.	4	2.4	3.0	31.7
Confused or disoriented residents.	57	34.1	37.3	55.8
Residents with bed sores.	1	0.6	0.4	4.7
Residents receiving special skin care.	53	31.7	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHARLES T SITRIN HOME INC

Street Address:		City and State:	
UPPER TILDEN AVE		NEW HARTFORD NY 13413	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	111	NON-PROFIT OTHER	07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
110	0	110		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	50.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	81.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	72.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	76.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	43.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	24.5	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	56	50.9	54.8	50.8
Residents requiring restraints.	35	31.8	47.2	41.3
Confused or disoriented residents.	38	34.5	62.7	58.4
Residents with bed sores.	8	7.3	6.6	7.1
Residents receiving special skin care.	31	28.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PRESBYTERIAN HOME OF CNY

Street Address:		City and State:	
BOX 144 MIDDLESETTLEMENT RD		NEW HARTFORD NY 13413	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	242	NON-PROFIT OTHER	02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
233	6	128	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	199	85.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	180	77.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	168	72.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	233	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	166	71.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	66	28.3	42.0	37.7
Completely bedfast residents.	3	1.3	1.9	3.4
Residents confined to chairs.	73	31.3	54.8	50.8
Residents requiring restraints.	85	36.5	47.2	41.3
Confused or disoriented residents.	112	48.1	62.7	58.4
Residents with bed sores.	12	5.2	6.6	7.1
Residents receiving special skin care.	27	11.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JEWISH INST FOR GERIATRIC CARE

Street Address: 271-11 76 AVE		City and State: NEW HYDE PARK NY 11040	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 527	Type of Ownership: NON-PROFIT OTHER	Survey Date: 06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 525	Medicare Residents: 104	Medicaid Residents: 413		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	478	91.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	512	97.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	463	88.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	484	92.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	354	67.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	10	1.9	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	267	50.9	42.0	37.7
Completely bedfast residents.	28	5.3	1.9	3.4
Residents confined to chairs.	453	86.3	54.8	50.8
Residents requiring restraints.	279	53.1	47.2	41.3
Confused or disoriented residents.	283	53.9	62.7	58.4
Residents with bed sores.	54	10.3	6.6	7.1
Residents receiving special skin care.	258	49.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW PALTZ NH

Street Address: 1 JANSEN RD		City and State: NEW PALTZ NY 12561	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 79	Type of Ownership: PROPRIETARY	Survey Date: 03/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	Medicare Residents: 0	Medicaid Residents: 26	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing Residents requiring some or total assistance in bathing.	60	82.2	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	65	89.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	66	90.4	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	86.3	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	78.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	57.5	42.0	37.7
Completely bedfast residents.	15	20.5	1.9	3.4
Residents confined to chairs.	47	64.4	54.8	50.8
Residents requiring restraints.	68	93.2	47.2	41.3
Confused or disoriented residents.	64	87.7	62.7	58.4
Residents with bed sores.	8	11.0	6.6	7.1
Residents receiving special skin care.	52	71.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BAYBERRY NH

Street Address: 40 KEOGH LANE		City and State: NEW ROCHELLE NY 10805	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	Medicare Residents: 0	Medicaid Residents: 14	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	89.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	52	91.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	73.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	75.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	66.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	31.6	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	22	38.6	54.8	50.8
Residents requiring restraints.	24	42.1	47.2	41.3
Confused or disoriented residents.	36	63.2	62.7	58.4
Residents with bed sores.	3	5.3	6.6	7.1
Residents receiving special skin care.	3	5.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DUMONT MASONIC HOME

Street Address: 676 PELHAM RD		City and State: NEW ROCHELLE NY 10805	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 190	Type of Ownership: PROPRIETARY	Survey Date: 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 185	Medicare Residents: 2	Medicaid Residents: 148	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	126	68.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	121	65.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	116	62.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	61.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	108	58.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	20.5	42.0	37.7
Completely bedfast residents.	2	1.1	1.9	3.4
Residents confined to chairs.	104	56.2	54.8	50.8
Residents requiring restraints.	54	29.2	47.2	41.3
Confused or disoriented residents.	102	55.1	62.7	58.4
Residents with bed sores.	4	2.2	6.6	7.1
Residents receiving special skin care.	101	54.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOWE AVE NH

Street Address:		City and State:	
16 GUION PLACE		NEW ROCHELLE NY 10802	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	150	NON-PROFIT OTHER	01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
147	13	104		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	120	81.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	136	92.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	129	87.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	78.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	120	81.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	38.1	42.0	37.7
Completely bedfast residents.	2	1.4	1.9	3.4
Residents confined to chairs.	111	75.5	54.8	50.8
Residents requiring restraints.	66	44.9	47.2	41.3
Confused or disoriented residents.	89	60.5	62.7	58.4
Residents with bed sores.	8	5.4	6.6	7.1
Residents receiving special skin care.	26	17.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW ROCHELLE NH

Street Address: 31 LOCKWOOD AVE		City and State: NEW ROCHELLE NY 10801	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 160	Type of Ownership: PROPRIETARY	Survey Date: 01/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
153	3	140			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		146	95.4	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		148	96.7	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		117	76.5	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		119	77.8	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		113	73.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.		1	0.7	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		52	34.0	42.0	37.7
Completely bedfast residents.		3	2.0	1.9	3.4
Residents confined to chairs.		92	60.1	54.8	50.8
Residents requiring restraints.		78	51.0	47.2	41.3
Confused or disoriented residents.		138	90.2	62.7	58.4
Residents with bed sores.		20	13.1	6.6	7.1
Residents receiving special skin care.		19	12.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE UNITED HOME FOR AGED HEBREWS

Street Address: 60 WILLOW DRIVE		City and State: NEW ROCHELLE NY 10805	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 150	Type of Ownership: NON-PROFIT OTHER	Survey Date: 05/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 136	Medicare Residents: 2	Medicaid Residents: 119	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	136	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	105	77.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	49	36.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	96.3	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	32.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	14.0	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	15	11.0	54.8	50.8
Residents requiring restraints.	16	11.8	47.2	41.3
Confused or disoriented residents.	120	88.2	62.7	58.4
Residents with bed sores.	2	1.5	6.6	7.1
Residents receiving special skin care.	13	9.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE UNITED HOME FOR AGED INC

Street Address: 391 PELHAM RD		City and State: NEW ROCHELLE NY 10805	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 120	Type of Ownership: NON-PROFIT OTHER	Survey Date: 05/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	Medicare Residents: 1	Medicaid Residents: 103
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	118	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	113	95.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	93.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	108	91.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	87	73.7	42.0	37.7
Completely bedfast residents.	4	3.4	1.9	3.4
Residents confined to chairs.	72	61.0	54.8	50.8
Residents requiring restraints.	80	67.8	47.2	41.3
Confused or disoriented residents.	100	84.7	62.7	58.4
Residents with bed sores.	10	8.5	6.6	7.1
Residents receiving special skin care.	99	83.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WOODLAND NH

Street Address: 490 PELHAM RD		City and State: NEW ROCHELLE NY 10805	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 182	Type of Ownership: PROPRIETARY	Survey Date: 03/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	Medicare Residents: 1	Medicaid Residents: 95		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	87.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	86.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	87	87.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	80.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	76.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	45.0	42.0	37.7
Completely bedfast residents.	6	6.0	1.9	3.4
Residents confined to chairs.	66	66.0	54.8	50.8
Residents requiring restraints.	42	42.0	47.2	41.3
Confused or disoriented residents.	61	61.0	62.7	58.4
Residents with bed sores.	8	8.0	6.6	7.1
Residents receiving special skin care.	45	45.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AMERICAN NH

Street Address:		City and State:	
62 AVE B		NEW YORK NY 10009	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	240	PROPRIETARY	01/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
223	1	220	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	178	79.8	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	183	82.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	178	79.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	178	79.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	178	79.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	84	37.7	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	157	70.4	54.8	50.8
Residents requiring restraints.	155	69.5	47.2	41.3
Confused or disoriented residents.	128	57.4	62.7	58.4
Residents with bed sores.	5	2.2	6.6	7.1
Residents receiving special skin care.	165	74.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AMSTERDAM NH CORP

Street Address:		City and State:	
1060 AMSTERDAM AVE		NEW YORK NY 10025	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	303	NON-PROFIT OTHER	12/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
303	4	266		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	250	82.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	214	70.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	168	55.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	157	51.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	110	36.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	4	1.3	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	64	21.1	42.0	37.7
Completely bedfast residents.	7	2.3	1.9	3.4
Residents confined to chairs.	83	27.4	54.8	50.8
Residents requiring restraints.	54	17.8	47.2	41.3
Confused or disoriented residents.	172	56.8	62.7	58.4
Residents with bed sores.	10	3.3	6.6	7.1
Residents receiving special skin care.	47	15.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BIALYSTOKER HOME INFIRMARY FOR AGED

Street Address:		City and State:	
228 E BROADWAY		NEW YORK NY 10002	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	95	NON-PROFIT OTHER	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
92	3	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	98.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	65	70.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	60	65.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	89.1	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	65.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	31.5	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	43	46.7	54.8	50.8
Residents requiring restraints.	18	19.6	47.2	41.3
Confused or disoriented residents.	43	46.7	62.7	58.4
Residents with bed sores.	6	6.5	6.6	7.1
Residents receiving special skin care.	10	10.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLER MEMORIAL HOSP NH

Street Address:		City and State:	
ROOSEVELT ISLAND		NEW YORK NY 10044	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	775	LOCAL GOVERNMENT	06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
760	33	700

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	611	80.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	622	81.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	537	70.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	554	72.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	760	100	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	247	32.5	42.0	37.7
Completely bedfast residents.	18	2.4	1.9	3.4
Residents confined to chairs.	16	2.1	54.8	50.8
Residents requiring restraints.	383	50.4	47.2	41.3
Confused or disoriented residents.	228	30.0	62.7	58.4
Residents with bed sores.	38	5.0	6.6	7.1
Residents receiving special skin care.	312	41.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DEWITT NH

Street Address:		City and State:	
211 EAST 79TH ST		NEW YORK NY 10021	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	499	PROPRIETARY	12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
478	8	362		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	413	86.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	439	91.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	409	85.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	454	95.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	408	85.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	413	86.4	42.0	37.7
Completely bedfast residents.	11	2.3	1.9	3.4
Residents confined to chairs.	353	73.8	54.8	50.8
Residents requiring restraints.	259	54.2	47.2	41.3
Confused or disoriented residents.	344	72.0	62.7	58.4
Residents with bed sores.	27	5.6	6.6	7.1
Residents receiving special skin care.	250	52.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FLORENCE NIGHTINGALE NH

Street Address:		City and State:	
1760 THIRD AVENUE		NEW YORK NY 10028	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	710	PROPRIETARY	07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
710	0	643		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	605	85.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	629	88.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	553	77.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	563	79.3	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	490	69.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	475	66.9	42.0	37.7
Completely bedfast residents.	5	0.7	1.9	3.4
Residents confined to chairs.	499	70.3	54.8	50.8
Residents requiring restraints.	365	51.4	47.2	41.3
Confused or disoriented residents.	607	85.5	62.7	58.4
Residents with bed sores.	49	6.9	6.6	7.1
Residents receiving special skin care.	279	39.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FORT TRYON NH

Street Address: 801 W 190TH ST		City and State: NEW YORK NY 10040	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 205	Type of Ownership: PROPRIETARY	Survey Date: 06/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 203	Medicare Residents: 5	Medicaid Residents: 157
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	190	93.6	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	183	90.1	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	173	85.2	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	173	85.2	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	173	85.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	7	3.4	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	104	51.2	42.0	37.7
Completely bedfast residents.	2	1.0	1.9	3.4
Residents confined to chairs.	101	49.8	54.8	50.8
Residents requiring restraints.	135	66.5	47.2	41.3
Confused or disoriented residents.	128	63.1	62.7	58.4
Residents with bed sores.	7	3.4	6.6	7.1
Residents receiving special skin care.	154	75.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOLDWATER MEMORIAL HOSP ECF

Street Address:		City and State:	
ROOSEVELT ISLAND NY		NEW YORK NY 10044	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	412	LOCAL GOVERNMENT	09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
404	10	382		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	350	86.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	368	91.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	354	87.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	354	87.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	329	81.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	243	60.1	42.0	37.7
Completely bedfast residents.	13	3.2	1.9	3.4
Residents confined to chairs.	362	89.6	54.8	50.8
Residents requiring restraints.	135	33.4	47.2	41.3
Confused or disoriented residents.	226	55.9	62.7	58.4
Residents with bed sores.	24	5.9	6.6	7.1
Residents receiving special skin care.	228	56.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOUVERNEUR HOSP SNF

Street Address: 227 MADISON ST		City and State: NEW YORK NY 10002	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 210	Type of Ownership: NON-PROFIT OTHER	Survey Date: 04/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 201	Medicare Residents: 7	Medicaid Residents: 190
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	185	92.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	182	90.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	180	89.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	176	87.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	170	84.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	90	44.8	42.0	37.7
Completely bedfast residents.	3	1.5	1.9	3.4
Residents confined to chairs.	150	74.6	54.8	50.8
Residents requiring restraints.	163	81.1	47.2	41.3
Confused or disoriented residents.	162	80.6	62.7	58.4
Residents with bed sores.	22	10.9	6.6	7.1
Residents receiving special skin care.	46	22.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREATER HARLEM NH

Street Address:		City and State:	
30 W 138TH ST		NEW YORK NY 10037	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	200	NON-PROFIT PRIVATE	01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
173	0	171

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	165	95.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	165	95.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	165	95.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	157	90.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	148	85.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	143	82.7	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	80	46.2	54.8	50.8
Residents requiring restraints.	26	15.0	47.2	41.3
Confused or disoriented residents.	145	83.8	62.7	58.4
Residents with bed sores.	11	6.4	6.6	7.1
Residents receiving special skin care.	69	39.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOME OF THE SAGES OF ISRAEL

Street Address:		City and State:	
25 WILLETT ST		NEW YORK NY 10002	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	58	NON-PROFIT RELIGIOUS	11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
56	0	51		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	94.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	41	73.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	36	64.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	67.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	62.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	21.4	42.0	37.7
Completely bedfast residents.	1	1.8	1.9	3.4
Residents confined to chairs.	32	57.1	54.8	50.8
Residents requiring restraints.	29	51.8	47.2	41.3
Confused or disoriented residents.	33	58.9	62.7	58.4
Residents with bed sores.	4	7.1	6.6	7.1
Residents receiving special skin care.	26	46.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ISABELLA GERIATRIC CENTER

Street Address:		City and State:	
515 AUDUBON AVE		NEW YORK NY 10040	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	552	NON-PROFIT OTHER	12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
519	6	455	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	415	80.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	429	82.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	386	74.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	374	72.1	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	388	74.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	166	32.0	42.0	37.7
Completely bedfast residents.	10	1.9	1.9	3.4
Residents confined to chairs.	276	53.2	54.8	50.8
Residents requiring restraints.	216	41.6	47.2	41.3
Confused or disoriented residents.	252	48.6	62.7	58.4
Residents with bed sores.	24	4.6	6.6	7.1
Residents receiving special skin care.	182	35.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JEWISH HOME AND HOSP FOR AGED

Street Address: 120 WEST 106TH ST		City and State: NEW YORK NY 10025	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 514	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 02/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 507	Medicare Residents: 4	Medicaid Residents: 463
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	453	89.3	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	433	85.4	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	426	84.0	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	378	74.6	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	425	83.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	11	2.2	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	266	52.5	42.0	37.7
Completely bedfast residents.	32	6.3	1.9	3.4
Residents confined to chairs.	293	57.8	54.8	50.8
Residents requiring restraints.	303	59.8	47.2	41.3
Confused or disoriented residents.	351	69.2	62.7	58.4
Residents with bed sores.	52	10.3	6.6	7.1
Residents receiving special skin care.	181	35.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET				
	MET	4	0.7	1123	11.9
functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KATERI RESIDENCE

Street Address:		City and State:	
150 RIVERSIDE DRIVE		NEW YORK NY 10024	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	520	PROPRIETARY	03/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
501	10	481

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	174	34.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	80	16.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	131	26.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	426	85.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	418	83.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	14	2.8	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	289	57.7	42.0	37.7
Completely bedfast residents.	3	0.6	1.9	3.4
Residents confined to chairs.	303	60.5	54.8	50.8
Residents requiring restraints.	278	55.5	47.2	41.3
Confused or disoriented residents.	429	85.6	62.7	58.4
Residents with bed sores.	27	5.4	6.6	7.1
Residents receiving special skin care.	184	36.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARY MANNING WALSH HOME

Street Address: 1339 YORK AVE		City and State: NEW YORK NY 10021	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 352	Type of Ownership: NON-PROFIT OTHER	Survey Date: 06/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 352	Medicare Residents: 10	Medicaid Residents: 261		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	315	89.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	293	83.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	260	73.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	285	81.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	245	69.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	115	32.7	42.0	37.7
Completely bedfast residents.	14	4.0	1.9	3.4
Residents confined to chairs.	255	72.4	54.8	50.8
Residents requiring restraints.	175	49.7	47.2	41.3
Confused or disoriented residents.	176	50.0	62.7	58.4
Residents with bed sores.	36	10.2	6.6	7.1
Residents receiving special skin care.	184	52.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW YORK FOUNDLING HOSP

Street Address:		City and State:	
1175 THIRD AVE		NEW YORK NY 10021	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	NON-PROFIT RELIGIOUS	04/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
60	0	60	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	100	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	60	100	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	58	96.7	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	96.7	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	96.7	21.0	59.1
Residents on individually written bowel and bladder retraining program.	6	10.0	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	60	100	10.3	29.3
Completely bedfast residents.	27	45.0	0.6	3.6
Residents confined to chairs.	17	28.3	11.2	39.1
Residents requiring restraints.	24	40.0	3.0	31.7
Confused or disoriented residents.	0	0.0	37.3	55.8
Residents with bed sores.	0	0.0	0.4	4.7
Residents receiving special skin care.	60	100	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TERRENCE CARDINAL COOKE HLTH CARE CTR

Street Address: 1249 FIFTH AVE		City and State: NEW YORK NY 10029	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 237	Type of Ownership: NON-PROFIT OTHER	Survey Date: 07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 233	Medicare Residents: 11	Medicaid Residents: 210	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	224	96.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	215	92.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	213	91.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	204	87.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	201	86.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	9	3.9	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	127	54.5	42.0	37.7
Completely bedfast residents.	11	4.7	1.9	3.4
Residents confined to chairs.	189	81.1	54.8	50.8
Residents requiring restraints.	114	48.9	47.2	41.3
Confused or disoriented residents.	133	57.1	62.7	58.4
Residents with bed sores.	17	7.3	6.6	7.1
Residents receiving special skin care.	17	7.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VILLAGE NH

Street Address: 607 HUDSON ST		City and State: NEW YORK NY 10014	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 200	Type of Ownership: NON-PROFIT OTHER	Survey Date: 10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 196	Medicare Residents: 8	Medicaid Residents: 162		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	10	5.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	164	83.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	161	82.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	162	82.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	137	69.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	84	42.9	42.0	37.7
Completely bedfast residents.	1	0.5	1.9	3.4
Residents confined to chairs.	124	63.3	54.8	50.8
Residents requiring restraints.	93	47.4	47.2	41.3
Confused or disoriented residents.	107	54.6	62.7	58.4
Residents with bed sores.	13	6.6	6.6	7.1
Residents receiving special skin care.	135	68.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEWARK MANOR NH

Street Address: 222 W PEARL ST		City and State: NEWARK NY 14513	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 0	Medicaid Residents: 25	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	78.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	59	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	88.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	93.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	71.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	32.2	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	32	54.2	54.8	50.8
Residents requiring restraints.	34	57.6	47.2	41.3
Confused or disoriented residents.	39	66.1	62.7	58.4
Residents with bed sores.	0	0.0	6.6	7.1
Residents receiving special skin care.	5	8.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEWARK WAYNE COMMUNITY HOSP

Street Address:		City and State:	
P O BOX111 DRIVING PARK AVE		NEWARK NY 14513	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	44	NON-PROFIT OTHER	02/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
44	3	37	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	90.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	41	93.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	41	93.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	95.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	81.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	65.9	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	44	100	54.8	50.8
Residents requiring restraints.	12	27.3	47.2	41.3
Confused or disoriented residents.	23	52.3	62.7	58.4
Residents with bed sores.	5	11.4	6.6	7.1
Residents receiving special skin care.	23	52.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SYLCOX NH

Street Address:		City and State:	
MEADOW HILL RD		NEWBURGH NY 12550	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	160	PROPRIETARY	09/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
155	0	113

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	153	98.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	125	80.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	126	81.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	155	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	122	78.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	6	3.9	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	64	41.3	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	84	54.2	54.8	50.8
Residents requiring restraints.	92	59.4	47.2	41.3
Confused or disoriented residents.	93	60.0	62.7	58.4
Residents with bed sores.	11	7.1	6.6	7.1
Residents receiving special skin care.	29	18.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEWFANE HEALTH FACILITY

Street Address: 2709 TRANSIT RD		City and State: NEWFANE NY 14108	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 175	Type of Ownership: PROPRIETARY	Survey Date: 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 171	Medicare Residents: 2	Medicaid Residents: 137
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	154	90.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	160	93.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	114	66.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	67.3	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	132	77.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	29.8	42.0	37.7
Completely bedfast residents.	4	2.3	1.9	3.4
Residents confined to chairs.	60	35.1	54.8	50.8
Residents requiring restraints.	95	55.6	47.2	41.3
Confused or disoriented residents.	114	66.7	62.7	58.4
Residents with bed sores.	7	4.1	6.6	7.1
Residents receiving special skin care.	34	19.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DEVEAUX MANOR NH

Street Address:		City and State:	
2600 MAIN ST		NIAGARA FALLS NY 14305	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	129	PROPRIETARY	01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
113	0	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	92.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	106	93.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	100	88.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	87	77.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	42.5	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	96	85.0	54.8	50.8
Residents requiring restraints.	68	60.2	47.2	41.3
Confused or disoriented residents.	77	68.1	62.7	58.4
Residents with bed sores.	4	3.5	6.6	7.1
Residents receiving special skin care.	14	12.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NIAGARA FALLS MEMORIAL NH CO INC

Street Address:		City and State:	
621 TENTH STREET		NIAGARA FALLS NY 14302	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	120	NON-PROFIT OTHER	04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
120	3	108

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	85.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	117	97.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	109	90.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	91.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	102	85.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	68	56.7	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	63	52.5	54.8	50.8
Residents requiring restraints.	29	24.2	47.2	41.3
Confused or disoriented residents.	74	61.7	62.7	58.4
Residents with bed sores.	7	5.8	6.6	7.1
Residents receiving special skin care.	17	14.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	46	33.3	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	41	29.7	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	39	28.3	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	42	30.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	26	18.8	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	18	13.0	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	17	12.3	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	45	32.6	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	47	34.1	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	30.4	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	31.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	15	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	27	19.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	87	63.0	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	12.3	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	53	38.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NIAGARA GERIATRIC CENTER

Street Address:		City and State:	
822 CEDAR AVENUE		NIAGARA FALLS NY 14302	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	160	PROPRIETARY	01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
157	0	133	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	12.1	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	25	15.9	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	16	10.2	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	14.0	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	10.2	21.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	4	2.5	11.2	39.1
Residents requiring restraints.	0	0.0	3.0	31.7
Confused or disoriented residents.	75	47.8	37.3	55.8
Residents with bed sores.	1	0.6	0.4	4.7
Residents receiving special skin care.	6	3.8	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST MARYS MANOR

Street Address:		City and State:	
515 SIXTH ST		NIAGARA FALLS NY 14301	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	119	NON-PROFIT RELIGIOUS	12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
113	3	96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	92.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	108	95.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	106	93.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	96.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	75.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	49.6	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	78	69.0	54.8	50.8
Residents requiring restraints.	85	75.2	47.2	41.3
Confused or disoriented residents.	52	46.0	62.7	58.4
Residents with bed sores.	19	16.8	6.6	7.1
Residents receiving special skin care.	0	0.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BELAIR NH

Street Address:		City and State:	
2478 JERUSALEM AVENUE		NORTH BELLMORE NY 11710	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	102	PROPRIETARY	08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
100	1	70			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		100	100	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		98	98.0	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		94	94.0	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		44	44.0	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		76	76.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		31	31.0	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		47	47.0	54.8	50.8
Residents requiring restraints.		66	66.0	47.2	41.3
Confused or disoriented residents.		67	67.0	62.7	58.4
Residents with bed sores.		6	6.0	6.6	7.1
Residents receiving special skin care.		27	27.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ADIRONDACK TRI-CO NH

Street Address:		City and State:	
PO BOX 222		NORTH CREEK NY 12853	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	60	NON-PROFIT OTHER	04/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	98.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	98.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	55	94.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	94.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	79.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	31.0	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	18	31.0	54.8	50.8
Residents requiring restraints.	51	87.9	47.2	41.3
Confused or disoriented residents.	43	74.1	62.7	58.4
Residents with bed sores.	1	1.7	6.6	7.1
Residents receiving special skin care.	17	29.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MERCYCARE RHCF

Street Address: BETHESDA DRIVE		City and State: NORTH HORNE LL NY 14843	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 55	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 01/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	Medicare Residents: 5	Medicaid Residents: 29	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	91.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	43	95.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	95.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	95.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	66.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	46.7	42.0	37.7
Completely bedfast residents.	1	2.2	1.9	3.4
Residents confined to chairs.	20	44.4	54.8	50.8
Residents requiring restraints.	14	31.1	47.2	41.3
Confused or disoriented residents.	17	37.8	62.7	58.4
Residents with bed sores.	6	13.3	6.6	7.1
Residents receiving special skin care.	29	64.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DEGRAFF MEMORIAL HOSP SNF

Street Address: 445 TREMONT ST		City and State: NORTH TONAWANDA NY 14120	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 44	Type of Ownership: NON-PROFIT OTHER	Survey Date: 04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	Medicare Residents: 0	Medicaid Residents: 37
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	97.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	42	97.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	97.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	76.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	34.9	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	21	48.8	54.8	50.8
Residents requiring restraints.	33	76.7	47.2	41.3
Confused or disoriented residents.	28	65.1	62.7	58.4
Residents with bed sores.	3	7.0	6.6	7.1
Residents receiving special skin care.	21	48.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTH GATE MANOR

Street Address: 7264 NASH RD		City and State: NORTH TONAWANDA NY 14120	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 160	Type of Ownership: PROPRIETARY	Survey Date: 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 158	Medicare Residents: 2	Medicaid Residents: 73	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	74.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	130	82.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	125	79.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	76.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	122	77.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	64	40.5	42.0	37.7
Completely bedfast residents.	1	0.6	1.9	3.4
Residents confined to chairs.	27	17.1	54.8	50.8
Residents requiring restraints.	103	65.2	47.2	41.3
Confused or disoriented residents.	116	73.4	62.7	58.4
Residents with bed sores.	11	7.0	6.6	7.1
Residents receiving special skin care.	28	17.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHENANGO MEMORIAL HOSPITAL SNF

Street Address:		City and State:	
179 NORTH BROAD ST		NORWICH NY 13815	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	54	NON-PROFIT OTHER	05/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
54	1	44		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	75.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	52	96.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	46	85.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	92.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	72.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	13	24.1	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	51.9	42.0	37.7
Completely bedfast residents.	1	1.9	1.9	3.4
Residents confined to chairs.	43	79.6	54.8	50.8
Residents requiring restraints.	47	87.0	47.2	41.3
Confused or disoriented residents.	29	53.7	62.7	58.4
Residents with bed sores.	5	9.3	6.6	7.1
Residents receiving special skin care.	37	68.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VALLEY VIEW MANOR NH

Street Address:		City and State:	
PARK ST		NORWICH NY 13815	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	82	PROPRIETARY	03/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
81		1		70	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		80	98.8	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		79	97.5	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		78	96.3	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		79	97.5	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		78	96.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		40	49.4	42.0	37.7
Completely bedfast residents.		1	1.2	1.9	3.4
Residents confined to chairs.		55	67.9	54.8	50.8
Residents requiring restraints.		29	35.8	47.2	41.3
Confused or disoriented residents.		69	85.2	62.7	58.4
Residents with bed sores.		11	13.6	6.6	7.1
Residents receiving special skin care.		33	40.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NASSAU NH

Street Address:		City and State:	
2914 LINCOLN AVE		OCEANSIDE NY 11572	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
96	6	75		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	88.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	90.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	88	91.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	85.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	75.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	13	13.5	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	46.9	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	55	57.3	54.8	50.8
Residents requiring restraints.	51	53.1	47.2	41.3
Confused or disoriented residents.	64	66.7	62.7	58.4
Residents with bed sores.	8	8.3	6.6	7.1
Residents receiving special skin care.	21	21.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE A BARTON HEPBURN NH

Street Address:		City and State:	
214 KING ST		OGDENSBURG NY 13669	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	29	NON-PROFIT OTHER	08/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
28	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	67.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	27	96.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	22	78.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	64.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	42.9	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	18	64.3	54.8	50.8
Residents requiring restraints.	8	28.6	47.2	41.3
Confused or disoriented residents.	10	35.7	62.7	58.4
Residents with bed sores.	3	10.7	6.6	7.1
Residents receiving special skin care.	11	39.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JOSEPH HOME

Street Address:		City and State:	
420 LAFAYETTE ST		OGDENSBURG NY 13669	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	82	NON-PROFIT RELIGIOUS	06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
80	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	76.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	71	88.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	80.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	86.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	83.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	36	45.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	51.2	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	50	62.5	54.8	50.8
Residents requiring restraints.	35	43.8	47.2	41.3
Confused or disoriented residents.	41	51.2	62.7	58.4
Residents with bed sores.	2	2.5	6.6	7.1
Residents receiving special skin care.	21	26.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE UNITED HELPERS CEDARS NH

Street Address: RIVERSIDE DR RD 2		City and State: OGDENSBURG NY 13669	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 82	Type of Ownership: NON-PROFIT OTHER	Survey Date: 03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	Medicare Residents: 0	Medicaid Residents: 65
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	91.5	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	78	95.1	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	73	89.0	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	100	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	81.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	36.6	42.0	37.7
Completely bedfast residents.	4	4.9	1.9	3.4
Residents confined to chairs.	25	30.5	54.8	50.8
Residents requiring restraints.	14	17.1	47.2	41.3
Confused or disoriented residents.	57	69.5	62.7	58.4
Residents with bed sores.	4	4.9	6.6	7.1
Residents receiving special skin care.	18	22.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE UNITED HELPERS NH SNF

Street Address:		City and State:	
RIVERSIDE DRIVE		OGDENSBURG NY 13669	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT OTHER	06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
118	0	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	42.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	43.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	37	31.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	34.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	40.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	15	12.7	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	15.3	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	26	22.0	54.8	50.8
Residents requiring restraints.	7	5.9	47.2	41.3
Confused or disoriented residents.	51	43.2	62.7	58.4
Residents with bed sores.	5	4.2	6.6	7.1
Residents receiving special skin care.	10	8.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CATTARAUGUS CO PUBLIC NH

Street Address: 2245 STATE ST		City and State: OLEAN NY 14760	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 120	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	Medicare Residents: 2	Medicaid Residents: 96	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	109	91.6	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	105	88.2	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	112	94.1	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	100	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	67.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	35.3	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	116	97.5	54.8	50.8
Residents requiring restraints.	87	73.1	47.2	41.3
Confused or disoriented residents.	87	73.1	62.7	58.4
Residents with bed sores.	9	7.6	6.6	7.1
Residents receiving special skin care.	74	62.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JOSEPHS MANOR

Street Address:		City and State:	
WEST STATE ST		OLEAN NY 14760	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	22	NON-PROFIT RELIGIOUS	07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
22	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	22	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	22	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	22	100	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	95.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	54.5	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	14	63.6	54.8	50.8
Residents requiring restraints.	18	81.8	47.2	41.3
Confused or disoriented residents.	20	90.9	62.7	58.4
Residents with bed sores.	2	9.1	6.6	7.1
Residents receiving special skin care.	10	45.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ONEIDA CITY HOSP-ECF

Street Address: 221 BROAD ST		City and State: ONEIDA NY 13421	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 108	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 03/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105	Medicare Residents: 8	Medicaid Residents: 75	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	78.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	80.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	71.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	69.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	62.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	19.0	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	72	68.6	54.8	50.8
Residents requiring restraints.	36	34.3	47.2	41.3
Confused or disoriented residents.	57	54.3	62.7	58.4
Residents with bed sores.	5	4.8	6.6	7.1
Residents receiving special skin care.	68	64.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE A O FOX-SNF UNIT

Street Address: 1 NORTON AVE		City and State: ONEONTA NY 13820	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 130	Type of Ownership: NON-PROFIT OTHER	Survey Date: 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 130	Medicare Residents: 0	Medicaid Residents: 95
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	111	85.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	105	80.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	92	70.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	73.1	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	96	73.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	28.5	42.0	37.7
Completely bedfast residents.	2	1.5	1.9	3.4
Residents confined to chairs.	47	36.2	54.8	50.8
Residents requiring restraints.	33	25.4	47.2	41.3
Confused or disoriented residents.	57	43.8	62.7	58.4
Residents with bed sores.	3	2.3	6.6	7.1
Residents receiving special skin care.	24	18.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician. 7■	MET	19	3.4		29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ONEONTA-RICHMOND INC

Street Address:		City and State:	
332 CHESTNUT ST		ONEONTA NY 13820	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	80	PROPRIETARY	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
73	0	41	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	97.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	90.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	83.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	41.1	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	40	54.8	54.8	50.8
Residents requiring restraints.	30	41.1	47.2	41.3
Confused or disoriented residents.	58	79.5	62.7	58.4
Residents with bed sores.	9	12.3	6.6	7.1
Residents receiving special skin care.	13	17.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ORCHARD PARK HEALTH CARE CENTER

Street Address: 6060 ARMOR ROAD		City and State: ORCHARD PARK NY 14127	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 166	Type of Ownership: PROPRIETARY	Survey Date: 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 164	Medicare Residents: 2	Medicaid Residents: 89	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

Bathing

Residents requiring some or total assistance in bathing.

FACILITY		STATE	NATION
#	%	%	%

112 68.3 86.3 81.5

Dressing

Residents requiring some or total assistance in dressing.

129 78.7 84.2 83.2

Toileting

Residents requiring some or total assistance in toileting.

108 65.9 75.9 73.8

Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

104 63.4 78.2 77.2

Continence

Residents with catheters or partial or total loss of bowel or bladder control.

112 68.3 70.4 68.2

Residents on individually written bowel and bladder retraining program.

0 0.0 2.5 4.6

Eating

Residents receiving tube feedings or requiring assistance with eating.

60 36.6 42.0 37.7

Completely bedfast residents.

2 1.2 1.9 3.4

Residents confined to chairs.

80 48.8 54.8 50.8

Residents requiring restraints.

44 26.8 47.2 41.3

Confused or disoriented residents.

82 50.0 62.7 58.4

Residents with bed sores.

8 4.9 6.6 7.1

Residents receiving special skin care.

27 16.5 38.6 31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EASTERN STAR HOME INFIRMARY

Street Address:		City and State:	
UTICA ST		ORISKANY NY 13424	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	82	NON-PROFIT OTHER	06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
79	1	68		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	54	68.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	75.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	60.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	97.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	57.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	22.8	42.0	37.7
Completely bedfast residents.	1	1.3	1.9	3.4
Residents confined to chairs.	44	55.7	54.8	50.8
Residents requiring restraints.	40	50.6	47.2	41.3
Confused or disoriented residents.	33	41.8	62.7	58.4
Residents with bed sores.	2	2.5	6.6	7.1
Residents receiving special skin care.	3	3.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ASTHMATIC CHILDREN'S FOUNDATION NH

Street Address:		City and State:	
SPRING VALLEY RD		OSSINING NY 10562	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	36	NON-PROFIT OTHER	04/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
36	0	34	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	4	11.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	2	5.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	2	5.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	22.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	8	22.2	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	0	0.0	54.8	50.8
Residents requiring restraints.	0	0.0	47.2	41.3
Confused or disoriented residents.	0	0.0	62.7	58.4
Residents with bed sores.	0	0.0	6.6	7.1
Residents receiving special skin care.	10	27.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BETHEL HRF

Street Address: 19 NARRAGANSETT AVE		City and State: OSSINING NY 10562	
Participation: MEDICAID ICF	# of Beds: 112	Type of Ownership: NON-PROFIT OTHER	Survey Date: 12/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	Medicare Residents: 0	Medicaid Residents: 64
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	12.8	69.8	78.3
Dressing Residents requiring some or total assistance in dressing.	28	25.7	48.6	76.7
Toileting Residents requiring some or total assistance in toileting.	15	13.8	23.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	23.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	55.0	21.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	3.7	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	11.2	39.1
Residents requiring restraints.	0	0.0	3.0	31.7
Confused or disoriented residents.	61	56.0	37.3	55.8
Residents with bed sores.	0	0.0	0.4	4.7
Residents receiving special skin care.	1	0.9	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BETHEL NH

Street Address:		City and State:	
19 NARRAGANSETT AVE		OSSINING NY 10562	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	78	NON-PROFIT OTHER	12/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
75	0	58		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	71	94.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	96.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	88.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	94.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	33.3	42.0	37.7
Completely bedfast residents.	3	4.0	1.9	3.4
Residents confined to chairs.	50	66.7	54.8	50.8
Residents requiring restraints.	24	32.0	47.2	41.3
Confused or disoriented residents.	56	74.7	62.7	58.4
Residents with bed sores.	2	2.7	6.6	7.1
Residents receiving special skin care.	10	13.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRIAR CREST NH

Street Address: 31 OVERTON ROAD		City and State: OSSINING NY 10562	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 86	Type of Ownership: PROPRIETARY	Survey Date: 12/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	Medicare Residents: 0	Medicaid Residents: 40		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	89.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	98.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	84.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	78.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	58.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	41.2	42.0	37.7
Completely bedfast residents.	1	1.2	1.9	3.4
Residents confined to chairs.	64	75.3	54.8	50.8
Residents requiring restraints.	52	61.2	47.2	41.3
Confused or disoriented residents.	70	82.4	62.7	58.4
Residents with bed sores.	4	4.7	6.6	7.1
Residents receiving special skin care.	50	58.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CEDAR MANOR NH

Street Address:		City and State:	
CEDAR LANE		OSSINING NY 10562	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	153	PROPRIETARY	01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
148	6	105	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	131	88.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	136	91.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	141	95.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	148	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	145	98.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	37.8	42.0	37.7
Completely bedfast residents.	3	2.0	1.9	3.4
Residents confined to chairs.	70	47.3	54.8	50.8
Residents requiring restraints.	148	100	47.2	41.3
Confused or disoriented residents.	140	94.6	62.7	58.4
Residents with bed sores.	23	15.5	6.6	7.1
Residents receiving special skin care.	41	27.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARYKNOLL NH

Street Address: MARYKNOLL SISTERS CENTER		City and State: OSSINING NY 10545	
Participation: MEDICARE SNF	# of Beds: 60	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	Medicare Residents: 0	Medicaid Residents: 0			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		31	64.6	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		33	68.8	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		29	60.4	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		30	62.5	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		34	70.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.		1	2.1	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		13	27.1	42.0	37.7
Completely bedfast residents.		1	2.1	1.9	3.4
Residents confined to chairs.		15	31.3	54.8	50.8
Residents requiring restraints.		15	31.3	47.2	41.3
Confused or disoriented residents.		17	35.4	62.7	58.4
Residents with bed sores.		1	2.1	6.6	7.1
Residents receiving special skin care.		8	16.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VICTORIA HOME FOR RETIRED MEN/WOMEN

Street Address: NORTH MALCOLM ST		City and State: OSSINING NY 10562	
Participation: MEDICAID ICF	# of Beds: 49	Type of Ownership: NON-PROFIT OTHER	Survey Date: 06/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	Medicare Residents: 0	Medicaid Residents: 24	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	82.5	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	14	35.0	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	10	25.0	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	25.0	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	12.5	21.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	2.5	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	2	5.0	11.2	39.1
Residents requiring restraints.	1	2.5	3.0	31.7
Confused or disoriented residents.	8	20.0	37.3	55.8
Residents with bed sores.	1	2.5	0.4	4.7
Residents receiving special skin care.	5	12.5	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HARR WOOD NH

Street Address: 17 SUNRISE DR		City and State: OSWEGO NY 13126	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
119	2	87			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		100	84.0	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		118	99.2	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		115	96.6	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		111	93.3	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		115	96.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.		11	9.2	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		48	40.3	42.0	37.7
Completely bedfast residents.		12	10.1	1.9	3.4
Residents confined to chairs.		72	60.5	54.8	50.8
Residents requiring restraints.		68	57.1	47.2	41.3
Confused or disoriented residents.		87	73.1	62.7	58.4
Residents with bed sores.		11	9.2	6.6	7.1
Residents receiving special skin care.		11	9.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLCREST NH

Street Address:		City and State:	
132 ELLEN ST		OSWEGO NY 13126	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
118	0	93		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	78.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	82.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	91	77.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	66.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	69	58.5	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	64	54.2	54.8	50.8
Residents requiring restraints.	54	45.8	47.2	41.3
Confused or disoriented residents.	52	44.1	62.7	58.4
Residents with bed sores.	7	5.9	6.6	7.1
Residents receiving special skin care.	15	12.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OSWEGO HOSPITAL SNF

Street Address:		City and State:	
110 WEST SIXTH STREET		OSWEGO NY 13126	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	38	NON-PROFIT OTHER	11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
38	0	38			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	38	100	86.3	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	38	100	84.2	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	35	92.1	75.9	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	100	78.2	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	38	100	70.4	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	18	47.4	42.0	37.7	
Completely bedfast residents.	0	0.0	1.9	3.4	
Residents confined to chairs.	38	100	54.8	50.8	
Residents requiring restraints.	27	71.1	47.2	41.3	
Confused or disoriented residents.	37	97.4	62.7	58.4	
Residents with bed sores.	0	0.0	6.6	7.1	
Residents receiving special skin care.	0	0.0	38.6	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PONTIAC NH

Street Address: EAST RIVER RD RT 57		City and State: OSWEGO NY 13126	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 80	Type of Ownership: PROPRIETARY	Survey Date: 01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	Medicare Residents: 0	Medicaid Residents: 49
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	93.8	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	78	97.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	68	85.0	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	80.0	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	88.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	54	67.5	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	46	57.5	54.8	50.8
Residents requiring restraints.	37	46.2	47.2	41.3
Confused or disoriented residents.	28	35.0	62.7	58.4
Residents with bed sores.	0	0.0	6.6	7.1
Residents receiving special skin care.	26	32.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST LUKE NH CO INC

Street Address: EAST RIVER RD R D 4		City and State: OSWEGO NY 13126	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: NON-PROFIT OTHER	Survey Date: 01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	Medicare Residents: 0	Medicaid Residents: 77	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	75.2	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	40	34.2	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	9	7.7	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	6.8	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	21.4	21.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	5.1	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	6	5.1	11.2	39.1
Residents requiring restraints.	0	0.0	3.0	31.7
Confused or disoriented residents.	23	19.7	37.3	55.8
Residents with bed sores.	3	2.6	0.4	4.7
Residents receiving special skin care.	10	8.5	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVERVIEW MANOR NH

Street Address:		City and State:	
510 5TH AVE		OWEGO NY 13827	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	77	PROPRIETARY	05/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
76	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	89.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	71	93.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	84.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.				
Residents on individually written bowel and bladder retraining program.				
Eating				
Residents receiving tube feedings or requiring assistance with eating.				
Completely bedfast residents.				
Residents confined to chairs.				
Residents requiring restraints.				
Confused or disoriented residents.				
Residents with bed sores.				
Residents receiving special skin care.				

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW YORK STATE VETERANS HOME

Street Address:		City and State:	
		OXFORD NY 13830	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	242	NON-PROFIT OTHER	09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
223	2	197

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	180	80.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	154	69.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	115	51.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	146	65.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	122	54.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	17	7.6	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	21.5	42.0	37.7
Completely bedfast residents.	2	0.9	1.9	3.4
Residents confined to chairs.	125	56.1	54.8	50.8
Residents requiring restraints.	55	24.7	47.2	41.3
Confused or disoriented residents.	83	37.2	62.7	58.4
Residents with bed sores.	4	1.8	6.6	7.1
Residents receiving special skin care.	71	31.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THREE RIVERS HEALTH CARE CENTER

Street Address: CREEKSIDE DR		City and State: PAINTED POST NY 14870	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: NON-PROFIT OTHER	Survey Date: 07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 0	Medicaid Residents: 110
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	98.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	98	81.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	93	77.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	85.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	74.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	35.8	42.0	37.7
Completely bedfast residents.	7	5.8	1.9	3.4
Residents confined to chairs.	66	55.0	54.8	50.8
Residents requiring restraints.	33	27.5	47.2	41.3
Confused or disoriented residents.	91	75.8	62.7	58.4
Residents with bed sores.	7	5.8	6.6	7.1
Residents receiving special skin care.	49	40.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PALATINE NH

Street Address:		City and State:	
UPPER LAFAYETTE ST		PALATINE BRIDGE NY 13428	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	50	PROPRIETARY	05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
50	1	31			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		50	100	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		50	100	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		48	96.0	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		50	100	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		41	82.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		26	52.0	42.0	37.7
Completely bedfast residents.		2	4.0	1.9	3.4
Residents confined to chairs.		44	88.0	54.8	50.8
Residents requiring restraints.		32	64.0	47.2	41.3
Confused or disoriented residents.		50	100	62.7	58.4
Residents with bed sores.		4	8.0	6.6	7.1
Residents receiving special skin care.		36	72.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PATCHOGUE NURSING CENTER

Street Address:		City and State:	
25 SCHOENFELD BLVD		PATCHOGUE NY 11772	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	120	PROPRIETARY	01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
114	0	72	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	95.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	85.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	106	93.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	92.1	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	98	86.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	42.1	42.0	37.7
Completely bedfast residents.	4	3.5	1.9	3.4
Residents confined to chairs.	95	83.3	54.8	50.8
Residents requiring restraints.	91	79.8	47.2	41.3
Confused or disoriented residents.	93	81.6	62.7	58.4
Residents with bed sores.	12	10.5	6.6	7.1
Residents receiving special skin care.	42	36.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LOVELY HILLS NH

Street Address:		City and State:	
RT 22 AND RESEVOIR RD		PAWLING NY 12564	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	02/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
115	1	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	69.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	67.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	67.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	67.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	64.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	3	2.6	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	46.1	42.0	37.7
Completely bedfast residents.	3	2.6	1.9	3.4
Residents confined to chairs.	35	30.4	54.8	50.8
Residents requiring restraints.	36	31.3	47.2	41.3
Confused or disoriented residents.	59	51.3	62.7	58.4
Residents with bed sores.	1	0.9	6.6	7.1
Residents receiving special skin care.	83	72.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CORTLANDT NURSING CARE CENTER INC

Street Address: 110 OREGON RD		City and State: PEEKSKILL NY 10566	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 02/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	Medicare Residents: 0	Medicaid Residents: 64
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	94.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	70.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	44.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	39.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	40.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	44.9	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	37	31.4	54.8	50.8
Residents requiring restraints.	24	20.3	47.2	41.3
Confused or disoriented residents.	64	54.2	62.7	58.4
Residents with bed sores.	0	0.0	6.6	7.1
Residents receiving special skin care.	85	72.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FIELD HOME HOLY COMFORTER

Street Address:		City and State:	
ROUTE #4 BOX 278A CATHERINE STREET		PEEKSKILL NY 10566	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	200	NON-PROFIT OTHER	07/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
197	2	172	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	191	97.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	149	75.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	144	73.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	124	62.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	108	54.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	22.3	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	70	35.5	54.8	50.8
Residents requiring restraints.	105	53.3	47.2	41.3
Confused or disoriented residents.	121	61.4	62.7	58.4
Residents with bed sores.	11	5.6	6.6	7.1
Residents receiving special skin care.	5	2.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTLEDGE NH

Street Address:		City and State:	
2100 EAST MAIN ST		PEEKSKILL NY 10566	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	100	PROPRIETARY	04/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
95	15	58		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	91.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	93.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	84.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	86.3	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	77.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	3	3.2	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	37.9	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	43	45.3	54.8	50.8
Residents requiring restraints.	48	50.5	47.2	41.3
Confused or disoriented residents.	54	56.8	62.7	58.4
Residents with bed sores.	4	4.2	6.6	7.1
Residents receiving special skin care.	70	73.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PENFIELD NH

Street Address:		City and State:	
1700 PENFIELD RD		PENFIELD NY 14526	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	48	PROPRIETARY	06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
48	2	17			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	47	97.9	86.3	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	47	97.9	84.2	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	46	95.8	75.9	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	100	78.2	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	41	85.4	70.4	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	30	62.5	42.0	37.7	
Completely bedfast residents.	3	6.3	1.9	3.4	
Residents confined to chairs.	39	81.3	54.8	50.8	
Residents requiring restraints.	29	60.4	47.2	41.3	
Confused or disoriented residents.	42	87.5	62.7	58.4	
Residents with bed sores.	10	20.8	6.6	7.1	
Residents receiving special skin care.	48	100	38.6	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PENN YAN MANOR NH

Street Address: 655 N LIBERTY ST		City and State: PENN YAN NY 14527	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 46	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	Medicare Residents: 0	Medicaid Residents: 33	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	93.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	91.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	93.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	93.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	60.9	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	43	93.5	54.8	50.8
Residents requiring restraints.	3	6.5	47.2	41.3
Confused or disoriented residents.	27	58.7	62.7	58.4
Residents with bed sores.	1	2.2	6.6	7.1
Residents receiving special skin care.	15	32.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOLDIERS AND SAILORS MEM HOSP -ECF

Street Address: 418 N MAIN ST		City and State: PENN YAN NY 14527	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 80	Type of Ownership: NON-PROFIT OTHER	Survey Date: 04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	Medicare Residents: 0	Medicaid Residents: 65		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	61.2	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	58	72.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	52	65.0	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	85.0	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	62.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	16	20.0	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	22.5	42.0	37.7
Completely bedfast residents.	1	1.2	1.9	3.4
Residents confined to chairs.	37	46.2	54.8	50.8
Residents requiring restraints.	14	17.5	47.2	41.3
Confused or disoriented residents.	31	38.7	62.7	58.4
Residents with bed sores.	4	5.0	6.6	7.1
Residents receiving special skin care.	44	55.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PINE HAVEN NH

Street Address: NY RTE 217		City and State: PHILMONT NY 12565	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	Medicare Residents: 0	Medicaid Residents: 102
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	70.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	108	92.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	69.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	76.1	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	60.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	35.9	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	85	72.6	54.8	50.8
Residents requiring restraints.	61	52.1	47.2	41.3
Confused or disoriented residents.	75	64.1	62.7	58.4
Residents with bed sores.	9	7.7	6.6	7.1
Residents receiving special skin care.	33	28.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CENTRAL ISLAND NH

Street Address: 825 OLD COUNTRY RD		City and State: PLAINVIEW NY 11803	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 202	Type of Ownership: PROPRIETARY	Survey Date: 02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 188	Medicare Residents: 9	Medicaid Residents: 108	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	181	96.3	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	174	92.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	158	84.0	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	170	90.4	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	145	77.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	98	52.1	42.0	37.7
Completely bedfast residents.	1	0.5	1.9	3.4
Residents confined to chairs.	113	60.1	54.8	50.8
Residents requiring restraints.	151	80.3	47.2	41.3
Confused or disoriented residents.	140	74.5	62.7	58.4
Residents with bed sores.	12	6.4	6.6	7.1
Residents receiving special skin care.	164	87.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLINTON CO NH

Street Address: 3 FLYNN AVE		City and State: PLATTSBURGH NY 12901	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 80	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	Medicare Residents: 1	Medicaid Residents: 75
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	65.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	67	83.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	55	68.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	75.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	57.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	33.7	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	35	43.8	54.8	50.8
Residents requiring restraints.	35	43.8	47.2	41.3
Confused or disoriented residents.	39	48.7	62.7	58.4
Residents with bed sores.	1	1.2	6.6	7.1
Residents receiving special skin care.	39	48.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CVPH MEDICAL CENTER SNF

Street Address: 100 BEEKMAN ST		City and State: PLATTSBURGH NY 12901	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 54	Type of Ownership: NON-PROFIT OTHER	Survey Date: 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	Medicare Residents: 1	Medicaid Residents: 45
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	92.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	49	90.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	92.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	90.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	75.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	37.0	42.0	37.7
Completely bedfast residents.	4	7.4	1.9	3.4
Residents confined to chairs.	26	48.1	54.8	50.8
Residents requiring restraints.	34	63.0	47.2	41.3
Confused or disoriented residents.	25	46.3	62.7	58.4
Residents with bed sores.	1	1.9	6.6	7.1
Residents receiving special skin care.	26	48.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEADOWBROOK NH

Street Address:		City and State:	
80 N PROSPECT AVE		PLATTSBURGH NY 12901	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
118	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	115	97.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	70.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	86	72.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	93.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	72.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	24.6	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	34	28.8	54.8	50.8
Residents requiring restraints.	60	50.8	47.2	41.3
Confused or disoriented residents.	64	54.2	62.7	58.4
Residents with bed sores.	4	3.4	6.6	7.1
Residents receiving special skin care.	30	25.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SACRED HEART HOME

Street Address:		City and State:	
8 MICKLE ST		PLATTSBURGH NY 12901	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	89	NON-PROFIT OTHER	03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
89	0	59	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	96.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	97.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	94.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	94.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	91.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	55.1	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	26	29.2	54.8	50.8
Residents requiring restraints.	51	57.3	47.2	41.3
Confused or disoriented residents.	51	57.3	62.7	58.4
Residents with bed sores.	7	7.9	6.6	7.1
Residents receiving special skin care.	34	38.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROCKLAND CO INFIRMARY

Street Address:		City and State:	
SANITORIUM RD		POMONA NY 10970	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	300	LOCAL GOVERNMENT	09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
292	10	274	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	248	84.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	261	89.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	239	81.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	246	84.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	240	82.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.3	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	133	45.5	42.0	37.7
Completely bedfast residents.	14	4.8	1.9	3.4
Residents confined to chairs.	196	67.1	54.8	50.8
Residents requiring restraints.	163	55.8	47.2	41.3
Confused or disoriented residents.	164	56.2	62.7	58.4
Residents with bed sores.	13	4.5	6.6	7.1
Residents receiving special skin care.	215	73.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KING STREET NH

Street Address: 787 KING ST		City and State: PORT CHESTER NY 10573	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 104	Medicare Residents: 0	Medicaid Residents: 18	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	87.5	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	92	88.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	83	79.8	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	78.8	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	70.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	30.8	42.0	37.7
Completely bedfast residents.	2	1.9	1.9	3.4
Residents confined to chairs.	46	44.2	54.8	50.8
Residents requiring restraints.	57	54.8	47.2	41.3
Confused or disoriented residents.	79	76.0	62.7	58.4
Residents with bed sores.	5	4.8	6.6	7.1
Residents receiving special skin care.	9	8.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PORT CHESTER NH

Street Address: 1000 HIGH ST		City and State: PORT CHESTER NY 10573	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 160	Type of Ownership: NON-PROFIT OTHER	Survey Date: 07/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 155	Medicare Residents: 2	Medicaid Residents: 100	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	155	100	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	141	91.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	124	80.0	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	133	85.8	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	127	81.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.3	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	13.5	42.0	37.7
Completely bedfast residents.	9	5.8	1.9	3.4
Residents confined to chairs.	20	12.9	54.8	50.8
Residents requiring restraints.	95	61.3	47.2	41.3
Confused or disoriented residents.	131	84.5	62.7	58.4
Residents with bed sores.	2	1.3	6.6	7.1
Residents receiving special skin care.	128	82.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE UNITED HOSP SNF

Street Address: 406 BOSTON POST RD		City and State: PORT CHESTER NY 10573	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 40	Type of Ownership: NON-PROFIT OTHER	Survey Date: 08/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	Medicare Residents: 2	Medicaid Residents: 33	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	55.0	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	29	72.5	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	30	75.0	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	90.0	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	62.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	32.5	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	23	57.5	54.8	50.8
Residents requiring restraints.	24	60.0	47.2	41.3
Confused or disoriented residents.	20	50.0	62.7	58.4
Residents with bed sores.	0	0.0	6.6	7.1
Residents receiving special skin care.	9	22.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GLEN HAVEN NURSING HOME

Street Address: P O BOX 637		City and State: PORT JEFFERSON NY 11777	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
119	5	78			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		111	93.3	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		107	89.9	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		91	76.5	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		70	58.8	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		105	88.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.		2	1.7	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		47	39.5	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		56	47.1	54.8	50.8
Residents requiring restraints.		28	23.5	47.2	41.3
Confused or disoriented residents.		66	55.5	62.7	58.4
Residents with bed sores.		3	2.5	6.6	7.1
Residents receiving special skin care.		59	49.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNREST NH INC

Street Address: 70 NORTH COUNTRY RD		City and State: PORT JEFFERSON NY 11777	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 210	Type of Ownership: PROPRIETARY	Survey Date: 01/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 205		Medicare Residents: 1		Medicaid Residents: 145			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				173	84.4	86.3	81.5
Dressing							
Residents requiring some or total assistance in dressing.				147	71.7	84.2	83.2
Toileting							
Residents requiring some or total assistance in toileting.				142	69.3	75.9	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				166	81.0	78.2	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				148	72.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.				31	15.1	2.5	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				56	27.3	42.0	37.7
Completely bedfast residents.				1	0.5	1.9	3.4
Residents confined to chairs.				105	51.2	54.8	50.8
Residents requiring restraints.				108	52.7	47.2	41.3
Confused or disoriented residents.				142	69.3	62.7	58.4
Residents with bed sores.				17	8.3	6.6	7.1
Residents receiving special skin care.				109	53.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WOODHAVEN NH

Street Address:		City and State:	
1360 RT 112		PORT JEFFERSON NY 11776	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	143	NON-PROFIT PRIVATE	10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
140	3	117		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	136	97.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	139	99.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	130	92.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	93.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	112	80.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	5	3.6	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	65	46.4	42.0	37.7
Completely bedfast residents.	1	0.7	1.9	3.4
Residents confined to chairs.	108	77.1	54.8	50.8
Residents requiring restraints.	124	88.6	47.2	41.3
Confused or disoriented residents.	119	85.0	62.7	58.4
Residents with bed sores.	11	7.9	6.6	7.1
Residents receiving special skin care.	65	46.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. Below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NO	NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MERCY COMMUNITY HOSP OF PORT JERVIS

Street Address: 160 EAST MAIN ST		City and State: PORT JERVIS NY 12771	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 40	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 03/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
18	7	9			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		14	77.8	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		14	77.8	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		14	77.8	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		14	77.8	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		15	83.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.		2	11.1	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		9	50.0	42.0	37.7
Completely bedfast residents.		1	5.6	1.9	3.4
Residents confined to chairs.		14	77.8	54.8	50.8
Residents requiring restraints.		7	38.9	47.2	41.3
Confused or disoriented residents.		12	66.7	62.7	58.4
Residents with bed sores.		5	27.8	6.6	7.1
Residents receiving special skin care.		15	83.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SANDS POINT NH

Street Address:		City and State:	
1440 PORT WASHINGTON BLVD		PORT WASHINGTON NY 11050	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	130	PROPRIETARY	09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
130	4	105

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	86.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	120	92.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	111	85.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	84.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	102	78.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	3	2.3	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	71	54.6	42.0	37.7
Completely bedfast residents.	6	4.6	1.9	3.4
Residents confined to chairs.	75	57.7	54.8	50.8
Residents requiring restraints.	84	64.6	47.2	41.3
Confused or disoriented residents.	90	69.2	62.7	58.4
Residents with bed sores.	8	6.2	6.6	7.1
Residents receiving special skin care.	9	6.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE POTSDAM NH

Street Address:		City and State:	
COTTAGE GROVE		POTSDAM NY 13676	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	80	PROPRIETARY	04/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
76		8		50			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				73	96.1	86.3	81.5
Dressing							
Residents requiring some or total assistance in dressing.				76	100	84.2	83.2
Toileting							
Residents requiring some or total assistance in toileting.				74	97.4	75.9	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				68	89.5	78.2	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				65	85.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.				5	6.6	2.5	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				35	46.1	42.0	37.7
Completely bedfast residents.				1	1.3	1.9	3.4
Residents confined to chairs.				64	84.2	54.8	50.8
Residents requiring restraints.				52	68.4	47.2	41.3
Confused or disoriented residents.				46	60.5	62.7	58.4
Residents with bed sores.				9	11.8	6.6	7.1
Residents receiving special skin care.				12	15.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EDEN PARK NH

Street Address: 100 FRANKLIN ST		City and State: POUGHKEEPSIE NY 12601	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 192	Type of Ownership: PROPRIETARY	Survey Date: 05/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
188	8	135			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		181	96.3	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		144	76.6	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		122	64.9	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		136	72.3	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		111	59.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		47	25.0	42.0	37.7
Completely bedfast residents.		2	1.1	1.9	3.4
Residents confined to chairs.		127	67.6	54.8	50.8
Residents requiring restraints.		86	45.7	47.2	41.3
Confused or disoriented residents.		118	62.8	62.7	58.4
Residents with bed sores.		16	8.5	6.6	7.1
Residents receiving special skin care.		50	26.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WATERVIEW HILLS N H

Street Address:		City and State:	
OLD RT 22		PURDYS NY 10578	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	126	PROPRIETARY	04/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
124	2	73			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	124	100	86.3	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	120	96.8	84.2	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	111	89.5	75.9	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	88.7	78.2	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	102	82.3	70.4	68.2	
Residents on individually written bowel and bladder retraining program.	3	2.4	2.5	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	56	45.2	42.0	37.7	
Completely bedfast residents.	1	0.8	1.9	3.4	
Residents confined to chairs.	67	54.0	54.8	50.8	
Residents requiring restraints.	68	54.8	47.2	41.3	
Confused or disoriented residents.	80	64.5	62.7	58.4	
Residents with bed sores.	8	6.5	6.6	7.1	
Residents receiving special skin care.	40	32.3	38.6	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARGARET TIETZ CENTER

Street Address: 164-11 CHAPIN PKWY		City and State: QUEENS NY 11432	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 200	Type of Ownership: NON-PROFIT OTHER	Survey Date: 08/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	Medicare Residents: 4	Medicaid Residents: 97	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	116	98.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	111	94.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	104	88.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	60	50.8	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	49	41.5	54.8	50.8
Residents requiring restraints.	81	68.6	47.2	41.3
Confused or disoriented residents.	97	82.2	62.7	58.4
Residents with bed sores.	5	4.2	6.6	7.1
Residents receiving special skin care.	118	100	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FERNCLIFF NH

Street Address: P O BOX 386 RIVER RD		City and State: RHINEBECK NY 12572	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 320	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 06/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
317	1	242			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		287	90.5	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		262	82.6	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		221	69.7	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		230	72.6	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		223	70.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.		8	2.5	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		108	34.1	42.0	37.7
Completely bedfast residents.		5	1.6	1.9	3.4
Residents confined to chairs.		233	73.5	54.8	50.8
Residents requiring restraints.		161	50.8	47.2	41.3
Confused or disoriented residents.		178	56.2	62.7	58.4
Residents with bed sores.		13	4.1	6.6	7.1
Residents receiving special skin care.		101	31.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement "Not Met" means the facility was deficient in the indicated area at the time of the survey

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTHERN DUTCHESS HOSP NH

Street Address:		City and State:	
SPRINGBROOK AVENUE		RHINEBECK NY 12572	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	50	NON-PROFIT OTHER	11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
48	0	19		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	97.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	97.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	47	97.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	95.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	97.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	39.6	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	31	64.6	54.8	50.8
Residents requiring restraints.	29	60.4	47.2	41.3
Confused or disoriented residents.	32	66.7	62.7	58.4
Residents with bed sores.	9	18.8	6.6	7.1
Residents receiving special skin care.	48	100	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE BAPTIST HOME OF BROOKLYN

Street Address:		City and State:	
RT 308 RD 1		RHINEBECK NY 12572	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT RELIGIOUS	08/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
120	0	86		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	78.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	71.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	64.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	65.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	87	72.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	19.2	42.0	37.7
Completely bedfast residents.	1	0.8	1.9	3.4
Residents confined to chairs.	76	63.3	54.8	50.8
Residents requiring restraints.	43	35.8	47.2	41.3
Confused or disoriented residents.	65	54.2	62.7	58.4
Residents with bed sores.	8	6.7	6.6	7.1
Residents receiving special skin care.	19	15.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CENTRAL SUFFOLK HOSPITAL SNF

Street Address:		City and State:	
1300 ROANOKE AVE		RIVERHEAD NY 11901	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	30	NON-PROFIT OTHER	03/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
27	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	96.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	27	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	26	96.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	100	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	3.7	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	88.9	42.0	37.7
Completely bedfast residents.	1	3.7	1.9	3.4
Residents confined to chairs.	26	96.3	54.8	50.8
Residents requiring restraints.	27	100	47.2	41.3
Confused or disoriented residents.	25	92.6	62.7	58.4
Residents with bed sores.	2	7.4	6.6	7.1
Residents receiving special skin care.	27	100	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVERHEAD NH

Street Address: 1146 WOODCREST AVE		City and State: RIVERHEAD NY 11901	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 181	Type of Ownership: PROPRIETARY	Survey Date: 05/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 175		Medicare Residents: 3		Medicaid Residents: 110	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		135	77.1	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		144	82.3	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		122	69.7	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		175	100	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		130	74.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		64	36.6	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		124	70.9	54.8	50.8
Residents requiring restraints.		110	62.9	47.2	41.3
Confused or disoriented residents.		137	78.3	62.7	58.4
Residents with bed sores.		8	4.6	6.6	7.1
Residents receiving special skin care.		78	44.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEECHWOOD SANITARIUM

Street Address:		City and State:	
900 CULVER ROAD		ROCHESTER NY 14609	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	80	PROPRIETARY	01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
79	0	22	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	75.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	94.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	86.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	84.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	82.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	25	31.6	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	17.7	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	18	22.8	54.8	50.8
Residents requiring restraints.	48	60.8	47.2	41.3
Confused or disoriented residents.	51	64.6	62.7	58.4
Residents with bed sores.	7	8.9	6.6	7.1
Residents receiving special skin care.	11	13.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BLOSSOM NH

Street Address:		City and State:	
989 BLOSSOM ROAD		ROCHESTER NY 14610	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	80	PROPRIETARY	06/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
75	3	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	98.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	92.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	88.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	57.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	44.0	42.0	37.7
Completely bedfast residents.	1	1.3	1.9	3.4
Residents confined to chairs.	25	33.3	54.8	50.8
Residents requiring restraints.	50	66.7	47.2	41.3
Confused or disoriented residents.	53	70.7	62.7	58.4
Residents with bed sores.	3	4.0	6.6	7.1
Residents receiving special skin care.	35	46.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRAE LOCH MANOR HCF

Street Address: 1290 LAKE AVE		City and State: ROCHESTER NY 14613	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 98	Type of Ownership: PROPRIETARY	Survey Date: 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
98	0	72			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		80	81.6	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		94	95.9	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		66	67.3	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		79	80.6	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		70	71.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		44	44.9	42.0	37.7
Completely bedfast residents.		5	5.1	1.9	3.4
Residents confined to chairs.		73	74.5	54.8	50.8
Residents requiring restraints.		64	65.3	47.2	41.3
Confused or disoriented residents.		65	66.3	62.7	58.4
Residents with bed sores.		7	7.1	6.6	7.1
Residents receiving special skin care.		18	18.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRIGHTONIAN NH

Street Address:		City and State:	
1919 ELMWOOD AVE		ROCHESTER NY 14620	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	54	PROPRIETARY	12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
51	0	10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	50	98.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	94.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	98.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	90.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	33.3	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	10	19.6	54.8	50.8
Residents requiring restraints.	34	66.7	47.2	41.3
Confused or disoriented residents.	30	58.8	62.7	58.4
Residents with bed sores.	5	9.8	6.6	7.1
Residents receiving special skin care.	17	33.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EPISCOPAL CHURCH HOME SNF

Street Address:		City and State:	
505 MT HOPE AVE		ROCHESTER NY 14620	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	142	NON-PROFIT OTHER	05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
136	0	85			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		82	60.3	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		98	72.1	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		73	53.7	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		123	90.4	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		81	59.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.		1	0.7	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		42	30.9	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		64	47.1	54.8	50.8
Residents requiring restraints.		54	39.7	47.2	41.3
Confused or disoriented residents.		69	50.7	62.7	58.4
Residents with bed sores.		8	5.9	6.6	7.1
Residents receiving special skin care.		24	17.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GENESEE HOSP-ECF

Street Address:		City and State:	
224 ALEXANDER ST		ROCHESTER NY 14607	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	40	NON-PROFIT OTHER	08/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
40		5		20			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				33	82.5	86.3	81.5
Dressing							
Residents requiring some or total assistance in dressing.				39	97.5	84.2	83.2
Toileting							
Residents requiring some or total assistance in toileting.				37	92.5	75.9	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				40	100	78.2	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				36	90.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.				0	0.0	2.5	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				3	7.5	42.0	37.7
Completely bedfast residents.				1	2.5	1.9	3.4
Residents confined to chairs.				12	30.0	54.8	50.8
Residents requiring restraints.				11	27.5	47.2	41.3
Confused or disoriented residents.				28	70.0	62.7	58.4
Residents with bed sores.				3	7.5	6.6	7.1
Residents receiving special skin care.				6	15.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOODMAN GARDENS NH

Street Address: 8 NORTH GOODMAN ST		City and State: ROCHESTER NY 14607	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 152	Type of Ownership: NON-PROFIT OTHER	Survey Date: 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 148	Medicare Residents: 0	Medicaid Residents: 96		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	108	73.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	126	85.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	106	71.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	69.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	93	62.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	18.2	42.0	37.7
Completely bedfast residents.	1	0.7	1.9	3.4
Residents confined to chairs.	40	27.0	54.8	50.8
Residents requiring restraints.	48	32.4	47.2	41.3
Confused or disoriented residents.	76	51.4	62.7	58.4
Residents with bed sores.	2	1.4	6.6	7.1
Residents receiving special skin care.	19	12.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HAMILTON MANOR NH

Street Address:		City and State:	
1172 LONG POND RD		ROCHESTER NY 14626	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	40	PROPRIETARY	03/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
39	0	12		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	39	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	36	92.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	97.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	79.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	53.8	42.0	37.7
Completely bedfast residents.	2	5.1	1.9	3.4
Residents confined to chairs.	31	79.5	54.8	50.8
Residents requiring restraints.	21	53.8	47.2	41.3
Confused or disoriented residents.	28	71.8	62.7	58.4
Residents with bed sores.	1	2.6	6.6	7.1
Residents receiving special skin care.	11	28.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HURLBUT NH

Street Address:		City and State:	
1177 EAST HENRIETTA RD		ROCHESTER NY 14623	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	160	PROPRIETARY	02/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
158	1	63		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	147	93.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	146	92.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	136	86.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	147	93.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	115	72.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	20	12.7	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	69	43.7	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	80	50.6	54.8	50.8
Residents requiring restraints.	84	53.2	47.2	41.3
Confused or disoriented residents.	110	69.6	62.7	58.4
Residents with bed sores.	15	9.5	6.6	7.1
Residents receiving special skin care.	54	34.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JEWISH HOME AND INFIRMARY

Street Address:		City and State:	
2021 WINTON RD SOUTH		ROCHESTER NY 14618	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	362	NON-PROFIT RELIGIOUS	11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
359	0	282

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	248	69.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	236	65.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	148	41.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	338	94.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	184	51.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.3	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	62	17.3	42.0	37.7
Completely bedfast residents.	3	0.8	1.9	3.4
Residents confined to chairs.	95	26.5	54.8	50.8
Residents requiring restraints.	92	25.6	47.2	41.3
Confused or disoriented residents.	183	51.0	62.7	58.4
Residents with bed sores.	22	6.1	6.6	7.1
Residents receiving special skin care.	59	16.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KIRKHAVEN NH SNF

Street Address:		City and State:	
254 ALEXANDER ST		ROCHESTER NY 14607	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	147	NON-PROFIT RELIGIOUS	08/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
145	0	93		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	127	87.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	127	87.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	107	73.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	66.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	112	77.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	62	42.8	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	31	21.4	54.8	50.8
Residents requiring restraints.	46	31.7	47.2	41.3
Confused or disoriented residents.	113	77.9	62.7	58.4
Residents with bed sores.	3	2.1	6.6	7.1
Residents receiving special skin care.	34	23.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKESHORE NH

Street Address: 425 BEACH AVE		City and State: ROCHESTER NY 14612	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 229	Type of Ownership: PROPRIETARY	Survey Date: 08/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 219		Medicare Residents: 7		Medicaid Residents: 167			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				205	93.6	86.3	81.5
Dressing							
Residents requiring some or total assistance in dressing.				210	95.9	84.2	83.2
Toileting							
Residents requiring some or total assistance in toileting.				198	90.4	75.9	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				194	88.6	78.2	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				174	79.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.				0	0.0	2.5	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				105	47.9	42.0	37.7
Completely bedfast residents.				3	1.4	1.9	3.4
Residents confined to chairs.				180	82.2	54.8	50.8
Residents requiring restraints.				118	53.9	47.2	41.3
Confused or disoriented residents.				166	75.8	62.7	58.4
Residents with bed sores.				15	6.8	6.6	7.1
Residents receiving special skin care.				102	46.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LATTA RD NH

Street Address:		City and State:	
2100 LATTA ROAD		ROCHESTER NY 14612	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	40	PROPRIETARY	04/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
40	1	14			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		28	70.0	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		39	97.5	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		38	95.0	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		37	92.5	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		30	75.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		17	42.5	42.0	37.7
Completely bedfast residents.		1	2.5	1.9	3.4
Residents confined to chairs.		9	22.5	54.8	50.8
Residents requiring restraints.		10	25.0	47.2	41.3
Confused or disoriented residents.		29	72.5	62.7	58.4
Residents with bed sores.		0	0.0	6.6	7.1
Residents receiving special skin care.		2	5.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LATTA ROAD A NH

Street Address:		City and State:	
2102 LATTA ROAD		ROCHESTER NY 14612	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	40	PROPRIETARY	04/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
40	0	11	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	90.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	36	90.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	85.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	85.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	67.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	50.0	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	0	0.0	54.8	50.8
Residents requiring restraints.	26	65.0	47.2	41.3
Confused or disoriented residents.	27	67.5	62.7	58.4
Residents with bed sores.	4	10.0	6.6	7.1
Residents receiving special skin care.	15	37.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MONROE COMM HOSP-ECF

Street Address:		City and State:	
435 E HENRIETTA RD		ROCHESTER NY 14603	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	566	LOCAL GOVERNMENT	12/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
552	6	526	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	423	76.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	428	77.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	327	59.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	325	58.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	374	67.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	23	4.2	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	217	39.3	42.0	37.7
Completely bedfast residents.	5	0.9	1.9	3.4
Residents confined to chairs.	361	65.4	54.8	50.8
Residents requiring restraints.	225	40.8	47.2	41.3
Confused or disoriented residents.	278	50.4	62.7	58.4
Residents with bed sores.	26	4.7	6.6	7.1
Residents receiving special skin care.	254	46.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NOR LOCH MANOR HCF

Street Address: 1140 NORTON ST		City and State: ROCHESTER NY 14621	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 43	Type of Ownership: PROPRIETARY	Survey Date: 11/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	Medicare Residents: 1	Medicaid Residents: 32	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	97.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	38	97.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	26	66.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	64.1	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	64.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	51.3	42.0	37.7
Completely bedfast residents.	6	15.4	1.9	3.4
Residents confined to chairs.	9	23.1	54.8	50.8
Residents requiring restraints.	3	7.7	47.2	41.3
Confused or disoriented residents.	29	74.4	62.7	58.4
Residents with bed sores.	1	2.6	6.6	7.1
Residents receiving special skin care.	11	28.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTONIAN NH

Street Address:		City and State:	
1335 PORTLAND AVENUE		ROCHESTER NY 14621	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	120	PROPRIETARY	04/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
116	1	50		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	78.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	103	88.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	100	86.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	77.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	77.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	47.4	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	75	64.7	54.8	50.8
Residents requiring restraints.	65	56.0	47.2	41.3
Confused or disoriented residents.	81	69.8	62.7	58.4
Residents with bed sores.	7	6.0	6.6	7.1
Residents receiving special skin care.	30	25.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARK HOPE NH

Street Address: 1556 MT HOPE AVE		City and State: ROCHESTER NY 14620	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 120	Type of Ownership: NON-PROFIT OTHER	Survey Date: 11/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 0	Medicaid Residents: 117
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	111	92.5	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	116	96.7	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	107	89.2	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	93.3	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	99	82.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	57	47.5	42.0	37.7
Completely bedfast residents.	1	0.8	1.9	3.4
Residents confined to chairs.	73	60.8	54.8	50.8
Residents requiring restraints.	47	39.2	47.2	41.3
Confused or disoriented residents.	84	70.0	62.7	58.4
Residents with bed sores.	14	11.7	6.6	7.1
Residents receiving special skin care.	36	30.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARK RIDGE NH

Street Address: 1555 LONG POND RD		City and State: ROCHESTER NY 14626	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 120	Type of Ownership: NON-PROFIT OTHER	Survey Date: 06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	Medicare Residents: 7	Medicaid Residents: 79		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	108	90.8	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	111	93.3	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	102	85.7	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	91.6	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	92	77.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	5	4.2	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	44.5	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	100	84.0	54.8	50.8
Residents requiring restraints.	64	53.8	47.2	41.3
Confused or disoriented residents.	72	60.5	62.7	58.4
Residents with bed sores.	11	9.2	6.6	7.1
Residents receiving special skin care.	103	86.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PINNACLE NH

Street Address: 1175 MONROE AVE		City and State: ROCHESTER NY 14620	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 161	Type of Ownership: PROPRIETARY	Survey Date: 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 157	Medicare Residents: 2	Medicaid Residents: 106
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	150	95.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	151	96.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	143	91.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	150	95.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	138	87.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	5	3.2	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	69	43.9	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	135	86.0	54.8	50.8
Residents requiring restraints.	96	61.1	47.2	41.3
Confused or disoriented residents.	104	66.2	62.7	58.4
Residents with bed sores.	18	11.5	6.6	7.1
Residents receiving special skin care.	121	77.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROCHESTER FRIENDLY HOME SNF

Street Address:		City and State:	
3156 EAST AVENUE		ROCHESTER NY 14618	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	204	NON-PROFIT PRIVATE	04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
191	1	69		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	125	65.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	133	69.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	100	52.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	44.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	122	63.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	22.5	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	34	17.8	54.8	50.8
Residents requiring restraints.	31	16.2	47.2	41.3
Confused or disoriented residents.	82	42.9	62.7	58.4
Residents with bed sores.	4	2.1	6.6	7.1
Residents receiving special skin care.	17	8.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST ANNS HOME FOR THE AGED SNF

Street Address:		City and State:	
1500 PORTLAND AVE		ROCHESTER NY 14621	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	591	NON-PROFIT RELIGIOUS	03/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
577	16	187			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	385	66.7	86.3	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	353	61.2	84.2	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	277	48.0	75.9	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	297	51.5	78.2	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	265	45.9	70.4	68.2	
Residents on individually written bowel and bladder retraining program.	3	0.5	2.5	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	120	20.8	42.0	37.7	
Completely bedfast residents.	2	0.3	1.9	3.4	
Residents confined to chairs.	120	20.8	54.8	50.8	
Residents requiring restraints.	133	23.1	47.2	41.3	
Confused or disoriented residents.	184	31.9	62.7	58.4	
Residents with bed sores.	25	4.3	6.6	7.1	
Residents receiving special skin care.	237	41.1	38.6	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JOHNS HOME FOR THE AGING

Street Address:		City and State:	
150 HIGHLAND AVE		ROCHESTER NY 14620	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	71	NON-PROFIT OTHER	02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
71	0	40		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	91.5	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	16	22.5	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	5	7.0	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	7.0	21.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	11.2	39.1
Residents requiring restraints.	0	0.0	3.0	31.7
Confused or disoriented residents.	10	14.1	37.3	55.8
Residents with bed sores.	0	0.0	0.4	4.7
Residents receiving special skin care.	0	0.0	11.5	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JOHNS NH

Street Address:		City and State:	
150 HIGHLAND AVE		ROCHESTER NY 14620	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	400	NON-PROFIT OTHER	02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
391	11	273		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	314	80.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	237	60.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	205	52.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	34.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	222	56.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	4	1.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	62	15.9	42.0	37.7
Completely bedfast residents.	2	0.5	1.9	3.4
Residents confined to chairs.	114	29.2	54.8	50.8
Residents requiring restraints.	76	19.4	47.2	41.3
Confused or disoriented residents.	181	46.3	62.7	58.4
Residents with bed sores.	17	4.3	6.6	7.1
Residents receiving special skin care.	101	25.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STRONG MEMORIAL HOSP SNF

Street Address:		City and State:	
601 ELMWOOD AVE		ROCHESTER NY 14642	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	40	NON-PROFIT OTHER	01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
18	12	5

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	10	55.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	16	88.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	14	77.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	66.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	27.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	3	16.7	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	5.6	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	1	5.6	54.8	50.8
Residents requiring restraints.	1	5.6	47.2	41.3
Confused or disoriented residents.	4	22.2	62.7	58.4
Residents with bed sores.	1	5.6	6.6	7.1
Residents receiving special skin care.	3	16.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESLEY-ON-EAST, LTD.

Street Address:		City and State:	
630 & 666 EAST AVE		ROCHESTER NY 14607	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	95	NON-PROFIT RELIGIOUS	12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
94	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	79.8	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	6	6.4	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	0	0.0	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	1.1	21.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	2	2.1	11.2	39.1
Residents requiring restraints.	0	0.0	3.0	31.7
Confused or disoriented residents.	14	14.9	37.3	55.8
Residents with bed sores.	0	0.0	0.4	4.7
Residents receiving special skin care.	8	8.5	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTGATE NH

Street Address:		City and State:	
525 BEAHAN RD		ROCHESTER NY 14624	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	124	PROPRIETARY	03/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
120	1	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	90.8	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	114	95.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	107	89.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	94.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	99	82.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	67	55.8	42.0	37.7
Completely bedfast residents.	14	11.7	1.9	3.4
Residents confined to chairs.	40	33.3	54.8	50.8
Residents requiring restraints.	48	40.0	47.2	41.3
Confused or disoriented residents.	82	68.3	62.7	58.4
Residents with bed sores.	17	14.2	6.6	7.1
Residents receiving special skin care.	38	31.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WOODSIDE MANOR

Street Address:		City and State:	
2425 CLINTON AVE S		ROCHESTER NY 14618	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	44	PROPRIETARY	05/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
43	1	6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	86.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	42	97.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	97.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	83.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	79.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	34.9	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	18	41.9	54.8	50.8
Residents requiring restraints.	29	67.4	47.2	41.3
Confused or disoriented residents.	40	93.0	62.7	58.4
Residents with bed sores.	3	7.0	6.6	7.1
Residents receiving special skin care.	17	39.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PROMENADE NH

Street Address:		City and State:	
140 BEACH 114TH ST		ROCKAWAY PARK NY 11694	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	240	PROPRIETARY	03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
223	3	203	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	182	81.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	213	95.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	203	91.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	206	92.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	192	86.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	0.9	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	110	49.3	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	187	83.9	54.8	50.8
Residents requiring restraints.	138	61.9	47.2	41.3
Confused or disoriented residents.	179	80.3	62.7	58.4
Residents with bed sores.	5	2.2	6.6	7.1
Residents receiving special skin care.	29	13.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROCKVILLE NURSING CENTER

Street Address:		City and State:	
41 MAINE AVE		ROCKVILLE CENTRE NY 11570	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	152	PROPRIETARY	04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
148	3	97		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	132	89.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	144	97.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	128	86.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	134	90.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	142	95.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	72	48.6	42.0	37.7
Completely bedfast residents.	5	3.4	1.9	3.4
Residents confined to chairs.	132	89.2	54.8	50.8
Residents requiring restraints.	104	70.3	47.2	41.3
Confused or disoriented residents.	107	72.3	62.7	58.4
Residents with bed sores.	12	8.1	6.6	7.1
Residents receiving special skin care.	37	25.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROCKVILLE RESIDENCE MANOR

Street Address:		City and State:	
50 MAINE AVE		ROCKVILLE CENTRE NY 11571	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	66	PROPRIETARY	10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
62	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	54.8	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	28	45.2	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	18	29.0	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	40.3	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	38.7	21.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	8.1	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	11.2	39.1
Residents requiring restraints.	0	0.0	3.0	31.7
Confused or disoriented residents.	31	50.0	37.3	55.8
Residents with bed sores.	0	0.0	0.4	4.7
Residents receiving special skin care.	0	0.0	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BETSY ROSS HRF

Street Address:		City and State:	
ELSIE ST-CEDAR BROOK LANE		ROME NY 13440	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	PROPRIETARY	09/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
119	0	100	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	24.4	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	62	52.1	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	26	21.8	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	2.5	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	21.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	2.5	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	7	5.9	11.2	39.1
Residents requiring restraints.	0	0.0	3.0	31.7
Confused or disoriented residents.	42	35.3	37.3	55.8
Residents with bed sores.	0	0.0	0.4	4.7
Residents receiving special skin care.	2	1.7	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HRF AND NH OF ROME

Street Address:		City and State:	
800 WEST CHESTNUT ST		ROME NY 13440	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	100	NON-PROFIT OTHER	09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
1	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	100	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	1	100	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	1	100	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	100	21.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	100	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	100	11.2	39.1
Residents requiring restraints.	1	100	3.0	31.7
Confused or disoriented residents.	1	100	37.3	55.8
Residents with bed sores.	0	0.0	0.4	4.7
Residents receiving special skin care.	1	100	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROME AND MURPHY MEM HOSP

Street Address: 1500 N JAMES ST		City and State: ROME NY 13440	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 40	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 04/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40		Medicare Residents: 0		Medicaid Residents: 0	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing Residents requiring some or total assistance in bathing.		38	95.0	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.		40	100	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.		34	85.0	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		35	87.5	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.		37	92.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.		15	37.5	42.0	37.7
Completely bedfast residents.		1	2.5	1.9	3.4
Residents confined to chairs.		34	85.0	54.8	50.8
Residents requiring restraints.		24	60.0	47.2	41.3
Confused or disoriented residents.		34	85.0	62.7	58.4
Residents with bed sores.		1	2.5	6.6	7.1
Residents receiving special skin care.		1	2.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROME PARKWAY INC

Street Address:		City and State:	
950 FLOYD AVE		ROME NY 13440	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	80	PROPRIETARY	08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
77	0	54		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	87.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	97.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	96.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	87.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	54.5	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	23	29.9	54.8	50.8
Residents requiring restraints.	41	53.2	47.2	41.3
Confused or disoriented residents.	60	77.9	62.7	58.4
Residents with bed sores.	7	9.1	6.6	7.1
Residents receiving special skin care.	12	15.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET / NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STONEHEDGE NH

Street Address:		City and State:	
801 NORTH JAMES ST		ROME NY 13440	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	160	PROPRIETARY	11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
159	4	123	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	132	83.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	156	98.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	152	95.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	151	95.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	136	85.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	73	45.9	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	150	94.3	54.8	50.8
Residents requiring restraints.	92	57.9	47.2	41.3
Confused or disoriented residents.	106	66.7	62.7	58.4
Residents with bed sores.	22	13.8	6.6	7.1
Residents receiving special skin care.	62	39.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROSCOE COMMUNITY NH

Street Address:		City and State:	
ROCKLAND RD		ROSCOE NY 12776	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	85	NON-PROFIT OTHER	05/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
85	2	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	89.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	96.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	91.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	87.1	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	67.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	44.7	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	75	88.2	54.8	50.8
Residents requiring restraints.	55	64.7	47.2	41.3
Confused or disoriented residents.	56	65.9	62.7	58.4
Residents with bed sores.	4	4.7	6.6	7.1
Residents receiving special skin care.	60	70.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNHARBOR SNF

Street Address:		City and State:	
255 WARNER AVE		ROSLYN HEIGHTS NY 11577	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	266	PROPRIETARY	08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
260	2	145

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	232	89.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	217	83.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	191	73.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	234	90.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	188	72.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	10	3.8	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	102	39.2	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	153	58.8	54.8	50.8
Residents requiring restraints.	133	51.2	47.2	41.3
Confused or disoriented residents.	183	70.4	62.7	58.4
Residents with bed sores.	20	7.7	6.6	7.1
Residents receiving special skin care.	155	59.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CEDAR HEDGE NH

Street Address:		City and State:	
260 LAKE ST		ROUSES POINT NY 12979	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	60	PROPRIETARY	07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
59	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	81.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	58	98.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	54	91.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	88.1	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	78.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	3.4	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	39.0	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	19	32.2	54.8	50.8
Residents requiring restraints.	31	52.5	47.2	41.3
Confused or disoriented residents.	43	72.9	62.7	58.4
Residents with bed sores.	2	3.4	6.6	7.1
Residents receiving special skin care.	18	30.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JAMES HRF

Street Address: 273 MORICHES RD		City and State: SAINT JAMES NY 11780	
Participation: MEDICAID ICF	# of Beds: 250	Type of Ownership: PROPRIETARY	Survey Date: 05/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 248	Medicare Residents: 0	Medicaid Residents: 220	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	163	65.7	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	111	44.8	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	0	0.0	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	21.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	11.2	39.1
Residents requiring restraints.	0	0.0	3.0	31.7
Confused or disoriented residents.	0	0.0	37.3	55.8
Residents with bed sores.	0	0.0	0.4	4.7
Residents receiving special skin care.	0	0.0	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/	NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JAMES NH

Street Address:		City and State:	
275 MORICHES RD		SAINT JAMES NY 11780	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	230	PROPRIETARY	10/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
226	10	156

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	192	85.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	220	97.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	205	90.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	220	97.3	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	161	71.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	91	40.3	42.0	37.7
Completely bedfast residents.	4	1.8	1.9	3.4
Residents confined to chairs.	154	68.1	54.8	50.8
Residents requiring restraints.	163	72.1	47.2	41.3
Confused or disoriented residents.	163	72.1	62.7	58.4
Residents with bed sores.	24	10.6	6.6	7.1
Residents receiving special skin care.	92	40.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SALAMANCA NH

Street Address: 451 BROAD ST		City and State: SALAMANCA NY 14779	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 05/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
119		2		95			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				92	77.3	86.3	81.5
Dressing							
Residents requiring some or total assistance in dressing.				82	68.9	84.2	83.2
Toileting							
Residents requiring some or total assistance in toileting.				81	68.1	75.9	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				80	67.2	78.2	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				63	52.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.				0	0.0	2.5	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				32	26.9	42.0	37.7
Completely bedfast residents.				0	0.0	1.9	3.4
Residents confined to chairs.				52	43.7	54.8	50.8
Residents requiring restraints.				64	53.8	47.2	41.3
Confused or disoriented residents.				52	43.7	62.7	58.4
Residents with bed sores.				9	7.6	6.6	7.1
Residents receiving special skin care.				18	15.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SARATOGA HOSP SNF

Street Address: 211 CHURCH ST		City and State: SARATOGA SPRINGS NY 12866	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 72	Type of Ownership: NON-PROFIT OTHER	Survey Date: 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	Medicare Residents: 7	Medicaid Residents: 55
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	95.8	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	72	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	98.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	98.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	76.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	34.7	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	30	41.7	54.8	50.8
Residents requiring restraints.	46	63.9	47.2	41.3
Confused or disoriented residents.	49	68.1	62.7	58.4
Residents with bed sores.	5	6.9	6.6	7.1
Residents receiving special skin care.	0	0.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESLEY NH INC

Street Address: LAWRENCE ST		City and State: SARATOGA SPRINGS NY 12866	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 264	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
260	5	186			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		232	89.2	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		222	85.4	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		207	79.6	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		260	100	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		186	71.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.		2	0.8	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		98	37.7	42.0	37.7
Completely bedfast residents.		36	13.8	1.9	3.4
Residents confined to chairs.		84	32.3	54.8	50.8
Residents requiring restraints.		57	21.9	47.2	41.3
Confused or disoriented residents.		173	66.5	62.7	58.4
Residents with bed sores.		21	8.1	6.6	7.1
Residents receiving special skin care.		70	26.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOOD SAMARITAN NH

Street Address: 101 ELM ST		City and State: SAYVILLE NY 11782	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 100	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	Medicare Residents: 1	Medicaid Residents: 65	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	92.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	93.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	85	88.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	94.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	86	89.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	10	10.4	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	50.0	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	87	90.6	54.8	50.8
Residents requiring restraints.	73	76.0	47.2	41.3
Confused or disoriented residents.	64	66.7	62.7	58.4
Residents with bed sores.	9	9.4	6.6	7.1
Residents receiving special skin care.	71	74.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SPRAIN BROOK MANOR NH

Street Address: 77 JACKSON AVE		City and State: SCARSDALE NY 10583	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 121	Type of Ownership: PROPRIETARY	Survey Date: 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	Medicare Residents: 6	Medicaid Residents: 26	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	99.1	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	101	88.6	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	93	81.6	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	78.9	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	92	80.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	33.3	42.0	37.7
Completely bedfast residents.	1	0.9	1.9	3.4
Residents confined to chairs.	40	35.1	54.8	50.8
Residents requiring restraints.	49	43.0	47.2	41.3
Confused or disoriented residents.	62	54.4	62.7	58.4
Residents with bed sores.	8	7.0	6.6	7.1
Residents receiving special skin care.	9	7.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HALLMARK NURSING CENTER INC

Street Address:		City and State:	
526 ALTAMONT AVE		SCHENECTADY NY 12303	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	224	PROPRIETARY	02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
219	0	143	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	182	83.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	193	88.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	186	84.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	176	80.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	163	74.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	0.9	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	80	36.5	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	109	49.8	54.8	50.8
Residents requiring restraints.	115	52.5	47.2	41.3
Confused or disoriented residents.	159	72.6	62.7	58.4
Residents with bed sores.	13	5.9	6.6	7.1
Residents receiving special skin care.	63	28.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrences of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KINGSWAY ARMS NURSING CENTER INC

Street Address:		City and State:	
323 KINGS RD		SCHENECTADY NY 12304	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	160	PROPRIETARY	01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
159		0		72			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				150	94.3	86.3	81.5
Dressing							
Residents requiring some or total assistance in dressing.				147	92.5	84.2	83.2
Toileting							
Residents requiring some or total assistance in toileting.				130	81.8	75.9	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				142	89.3	78.2	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				126	79.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.				0	0.0	2.5	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				65	40.9	42.0	37.7
Completely bedfast residents.				11	6.9	1.9	3.4
Residents confined to chairs.				70	44.0	54.8	50.8
Residents requiring restraints.				101	63.5	47.2	41.3
Confused or disoriented residents.				115	72.3	62.7	58.4
Residents with bed sores.				12	7.5	6.6	7.1
Residents receiving special skin care.				24	15.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SILVER HAVEN NH

Street Address:		City and State:	
1940 HAMBURG ST		SCHENECTADY NY 12304	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	86	PROPRIETARY	04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
86	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	95.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	97.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	89.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	93.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	84.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	54.7	42.0	37.7
Completely bedfast residents.	2	2.3	1.9	3.4
Residents confined to chairs.	51	59.3	54.8	50.8
Residents requiring restraints.	41	47.7	47.2	41.3
Confused or disoriented residents.	79	91.9	62.7	58.4
Residents with bed sores.	15	17.4	6.6	7.1
Residents receiving special skin care.	56	65.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BAPTIST RETIREMENT CENTER

Street Address:		City and State:	
297 N BALLSTON AVE		SCOTIA NY 12302	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	180	NON-PROFIT OTHER	03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
172	5	82			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		161	93.6	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		132	76.7	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		106	61.6	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		114	66.3	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		100	58.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		31	18.0	42.0	37.7
Completely bedfast residents.		2	1.2	1.9	3.4
Residents confined to chairs.		45	26.2	54.8	50.8
Residents requiring restraints.		70	40.7	47.2	41.3
Confused or disoriented residents.		103	59.9	62.7	58.4
Residents with bed sores.		8	4.7	6.6	7.1
Residents receiving special skin care.		52	30.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement "Not Met" means the facility was deficient in the indicated area at the time of the survey

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GLENDALE HOME INFIRMARY

Street Address:		City and State:	
RT 1-HETCHELTOWN RD-BOX 193		SCOTIA NY 12302	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	528	LOCAL GOVERNMENT	11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
523	6	493

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	459	87.8	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	465	88.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	402	76.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	395	75.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	372	71.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	114	21.8	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	188	35.9	42.0	37.7
Completely bedfast residents.	5	1.0	1.9	3.4
Residents confined to chairs.	289	55.3	54.8	50.8
Residents requiring restraints.	230	44.0	47.2	41.3
Confused or disoriented residents.	399	76.3	62.7	58.4
Residents with bed sores.	10	1.9	6.6	7.1
Residents receiving special skin care.	240	45.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CAYUGA CO NH

Street Address:		City and State:	
DRAWER E COUNTY HOUSE RD		SENNETT NY 13150	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	80	LOCAL GOVERNMENT	03/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
78	0	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	96.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	96.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	93.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	93.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	84.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	35.9	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	43	55.1	54.8	50.8
Residents requiring restraints.	41	52.6	47.2	41.3
Confused or disoriented residents.	53	67.9	62.7	58.4
Residents with bed sores.	3	3.8	6.6	7.1
Residents receiving special skin care.	22	28.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOSPITAL-THE-SNF UNIT

Street Address:		City and State:	
PEARL STREET		SIDNEY NY 13838	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	30	LOCAL GOVERNMENT	12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
29	4	16		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	89.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	26	89.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	28	96.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	82.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	86.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	72.4	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	14	48.3	54.8	50.8
Residents requiring restraints.	16	55.2	47.2	41.3
Confused or disoriented residents.	11	37.9	62.7	58.4
Residents with bed sores.	1	3.4	6.6	7.1
Residents receiving special skin care.	1	3.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LUTHERAN CENTER FOR THE AGING SNF

Street Address:		City and State:	
ROUTE 25A		SMITHTOWN NY 11787	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	341	PROPRIETARY	03/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
335	7	310		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	329	98.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	295	88.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	267	79.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	260	77.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	236	70.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.3	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	138	41.2	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	200	59.7	54.8	50.8
Residents requiring restraints.	187	55.8	47.2	41.3
Confused or disoriented residents.	206	61.5	62.7	58.4
Residents with bed sores.	28	8.4	6.6	7.1
Residents receiving special skin care.	265	79.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BLOSSOM VIEW NH

Street Address:		City and State:	
R D 2 MAPLE AVE		SODUS NY 14551	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	60	PROPRIETARY	08/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	1	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	94.8	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	58	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	91.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	93.1	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	89.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	37.9	42.0	37.7
Completely bedfast residents.	2	3.4	1.9	3.4
Residents confined to chairs.	53	91.4	54.8	50.8
Residents requiring restraints.	13	22.4	47.2	41.3
Confused or disoriented residents.	51	87.9	62.7	58.4
Residents with bed sores.	4	6.9	6.6	7.1
Residents receiving special skin care.	27	46.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOMERS MANOR NH

Street Address:		City and State:	
ROUTE 100		SOMERS NY 10589	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	224	PROPRIETARY	07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
214	2	164			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		207	96.7	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		143	66.8	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		125	58.4	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		131	61.2	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		144	67.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.		4	1.9	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		74	34.6	42.0	37.7
Completely bedfast residents.		1	0.5	1.9	3.4
Residents confined to chairs.		93	43.5	54.8	50.8
Residents requiring restraints.		68	31.8	47.2	41.3
Confused or disoriented residents.		106	49.5	62.7	58.4
Residents with bed sores.		7	3.3	6.6	7.1
Residents receiving special skin care.		21	9.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOUTHAMPTON NH

Street Address:		City and State:	
330 MEETING HOUSE LANE		SOUTHAMPTON NY 11968	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	62	NON-PROFIT OTHER	01/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
62	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	96.8	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	96.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	60	96.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	96.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	96.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	51.6	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	49	79.0	54.8	50.8
Residents requiring restraints.	45	72.6	47.2	41.3
Confused or disoriented residents.	38	61.3	62.7	58.4
Residents with bed sores.	0	0.0	6.6	7.1
Residents receiving special skin care.	0	0.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEDGEWOOD NH

Street Address: 5 CHURCH ST		City and State: SPENCERPORT NY 14559	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 29	Type of Ownership: PROPRIETARY	Survey Date: 04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29		Medicare Residents: 0		Medicaid Residents: 15	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		27	93.1	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		28	96.6	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		27	93.1	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		26	89.7	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		24	82.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		6	20.7	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		18	62.1	54.8	50.8
Residents requiring restraints.		16	55.2	47.2	41.3
Confused or disoriented residents.		22	75.9	62.7	58.4
Residents with bed sores.		2	6.9	6.6	7.1
Residents receiving special skin care.		9	31.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLCREST NH

Street Address:		City and State:	
661 N MAIN ST		SPRING VALLEY NY 10977	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	200	PROPRIETARY	08/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
197	11	163	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	187	94.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	181	91.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	157	79.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	197	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	139	70.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	79	40.1	42.0	37.7
Completely bedfast residents.	3	1.5	1.9	3.4
Residents confined to chairs.	70	35.5	54.8	50.8
Residents requiring restraints.	113	57.4	47.2	41.3
Confused or disoriented residents.	178	90.4	62.7	58.4
Residents with bed sores.	12	6.1	6.6	7.1
Residents receiving special skin care.	162	82.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FIDDLER GREEN MANOR NH

Street Address:		City and State:	
168 WEST MAIN ST		SPRINGVILLE NY 14141	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	82	PROPRIETARY	09/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
82	0	70		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	97.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	98.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	75.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	35.4	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	58	70.7	54.8	50.8
Residents requiring restraints.	59	72.0	47.2	41.3
Confused or disoriented residents.	53	64.6	62.7	58.4
Residents with bed sores.	2	2.4	6.6	7.1
Residents receiving special skin care.	50	61.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JENNIE B RICHMOND CHAFFEE

Street Address:		City and State:	
224 E MAIN ST		SPRINGVILLE NY 14141	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	80	NON-PROFIT OTHER	05/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
80	1	67		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	90.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	64	80.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	54	67.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	68.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	60.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	20.0	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	40	50.0	54.8	50.8
Residents requiring restraints.	34	42.5	47.2	41.3
Confused or disoriented residents.	49	61.2	62.7	58.4
Residents with bed sores.	3	3.7	6.6	7.1
Residents receiving special skin care.	23	28.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HYDE PARK NH

Street Address:		City and State:	
RT 9 AND ANDERSON SCHOOL RD		STAATSBURG NY 12580	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	120	PROPRIETARY	02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
115	3	98		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	97.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	113	98.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	102	88.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	93.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	103	89.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	47.0	42.0	37.7
Completely bedfast residents.	1	0.9	1.9	3.4
Residents confined to chairs.	108	93.9	54.8	50.8
Residents requiring restraints.	82	71.3	47.2	41.3
Confused or disoriented residents.	91	79.1	62.7	58.4
Residents with bed sores.	14	12.2	6.6	7.1
Residents receiving special skin care.	54	47.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COMMUNITY HOSP OF STAMFORD

Street Address:		City and State:	
HARPERS ST		STAMFORD NY 12167	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	40	PROPRIETARY	08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
40	0	33	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	95.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	40	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	40	100	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	95.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	17	42.5	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	52.5	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	19	47.5	54.8	50.8
Residents requiring restraints.	24	60.0	47.2	41.3
Confused or disoriented residents.	22	55.0	62.7	58.4
Residents with bed sores.	1	2.5	6.6	7.1
Residents receiving special skin care.	40	100	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARMEL RICHMOND NH

Street Address: 88 OLD TOWN ROAD		City and State: STATEN ISLAND NY 10304	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 300	Type of Ownership: . NON-PROFIT OTHER	Survey Date: 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 298	Medicare Residents: 6	Medicaid Residents: 240	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	210	70.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	255	85.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	226	75.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	203	68.1	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	174	58.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	80	26.8	42.0	37.7
Completely bedfast residents.	2	0.7	1.9	3.4
Residents confined to chairs.	182	61.1	54.8	50.8
Residents requiring restraints.	125	41.9	47.2	41.3
Confused or disoriented residents.	192	64.4	62.7	58.4
Residents with bed sores.	18	6.0	6.6	7.1
Residents receiving special skin care.	110	36.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLOVE LAKES NH

Street Address: 25 FANNING ST		City and State: STATEN ISLAND NY 10314	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 576	Type of Ownership: PROPRIETARY	Survey Date: 12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 575	Medicare Residents: 5	Medicaid Residents: 520
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	531	92.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	427	74.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	335	58.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	342	59.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	324	56.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	7	1.2	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	134	23.3	42.0	37.7
Completely bedfast residents.	1	0.2	1.9	3.4
Residents confined to chairs.	214	37.2	54.8	50.8
Residents requiring restraints.	111	19.3	47.2	41.3
Confused or disoriented residents.	258	44.9	62.7	58.4
Residents with bed sores.	36	6.3	6.6	7.1
Residents receiving special skin care.	301	52.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

*Facility column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EGER LUTHERAN HOME

Street Address:		City and State:	
120 MEISNER AVE		STATEN ISLAND NY 10306	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	42	NON-PROFIT RELIGIOUS	11/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
30	0	22	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	96.7	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	3	10.0	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	2	6.7	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	3.3	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	21.0	59.1
Residents on individually written bowel and bladder retraining program.	1	3.3	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	11.2	39.1
Residents requiring restraints.	0	0.0	3.0	31.7
Confused or disoriented residents.	1	3.3	37.3	55.8
Residents with bed sores.	0	0.0	0.4	4.7
Residents receiving special skin care.	29	96.7	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EGER NH INC

Street Address:		City and State:	
140 MEISNER AVE		STATEN ISLAND NY 10306	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	336	NON-PROFIT RELIGIOUS	11/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
335	6	291			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		318	94.9	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		327	97.6	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		310	92.5	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		304	90.7	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		248	74.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.		6	1.8	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		183	54.6	42.0	37.7
Completely bedfast residents.		5	1.5	1.9	3.4
Residents confined to chairs.		150	44.8	54.8	50.8
Residents requiring restraints.		196	58.5	47.2	41.3
Confused or disoriented residents.		217	64.8	62.7	58.4
Residents with bed sores.		35	10.4	6.6	7.1
Residents receiving special skin care.		318	94.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOLDEN GATE HEALTH CARE CENTER

Street Address:		City and State:	
191 BRADLEY AVE		STATEN ISLAND NY 10314	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	238	PROPRIETARY	08/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
228	0	218

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	150	65.8	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	120	52.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	107	46.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	205	89.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	39.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.4	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	8.8	42.0	37.7
Completely bedfast residents.	1	0.4	1.9	3.4
Residents confined to chairs.	86	37.7	54.8	50.8
Residents requiring restraints.	34	14.9	47.2	41.3
Confused or disoriented residents.	64	28.1	62.7	58.4
Residents with bed sores.	1	0.4	6.6	7.1
Residents receiving special skin care.	77	33.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LILY POND NH

Street Address:		City and State:	
152 LILY POND AVE		STATEN ISLAND NY 10305	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	35	PROPRIETARY	07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
35		0		35	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		35	100	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		30	85.7	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		21	60.0	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		20	57.1	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		16	45.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.		1	2.9	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		13	37.1	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		12	34.3	54.8	50.8
Residents requiring restraints.		5	14.3	47.2	41.3
Confused or disoriented residents.		17	48.6	62.7	58.4
Residents with bed sores.		1	2.9	6.6	7.1
Residents receiving special skin care.		35	100	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW BRIGHTON MANOR CARE CTR

Street Address:		City and State:	
200 LAFAYETTE AVE		STATEN ISLAND NY 10301	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	300	PROPRIETARY	09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
291	1	281

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	202	69.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	195	67.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	89	30.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	25.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	27.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	0.7	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	12.0	42.0	37.7
Completely bedfast residents.	1	0.3	1.9	3.4
Residents confined to chairs.	73	25.1	54.8	50.8
Residents requiring restraints.	32	11.0	47.2	41.3
Confused or disoriented residents.	168	57.7	62.7	58.4
Residents with bed sores.	7	2.4	6.6	7.1
Residents receiving special skin care.	34	11.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW VANDERBILT NH

Street Address:		City and State:	
135 VANDERBILT AVE		STATEN ISLAND NY 10304	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	320	PROPRIETARY	02/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
306	2	301		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	298	97.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	281	91.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	267	87.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	263	85.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	224	73.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.3	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	164	53.6	42.0	37.7
Completely bedfast residents.	1	0.3	1.9	3.4
Residents confined to chairs.	214	69.9	54.8	50.8
Residents requiring restraints.	138	45.1	47.2	41.3
Confused or disoriented residents.	252	82.4	62.7	58.4
Residents with bed sores.	11	3.6	6.6	7.1
Residents receiving special skin care.	49	16.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SEA VIEW HOSP AND HOME

Street Address: 460 BRIELLE AVE		City and State: STATEN ISLAND NY 10314	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 304	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
302	11	287			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		284	94.0	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		279	92.4	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		269	89.1	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		273	90.4	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		258	85.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.		2	0.7	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		179	59.3	42.0	37.7
Completely bedfast residents.		14	4.6	1.9	3.4
Residents confined to chairs.		256	84.8	54.8	50.8
Residents requiring restraints.		185	61.3	47.2	41.3
Confused or disoriented residents.		210	69.5	62.7	58.4
Residents with bed sores.		31	10.3	6.6	7.1
Residents receiving special skin care.		237	78.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SILVER LAKE NH

Street Address:		City and State:	
275 CASTLETON AVE		STATEN ISLAND NY 10301	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	278	PROPRIETARY	01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
268	14	242	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	267	99.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	244	91.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	254	94.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	253	94.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	159	59.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.4	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	125	46.6	42.0	37.7
Completely bedfast residents.	22	8.2	1.9	3.4
Residents confined to chairs.	162	60.4	54.8	50.8
Residents requiring restraints.	116	43.3	47.2	41.3
Confused or disoriented residents.	150	56.0	62.7	58.4
Residents with bed sores.	19	7.1	6.6	7.1
Residents receiving special skin care.	48	17.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VERRAZANO NH

Street Address:		City and State:	
100 CASTLETON AVE		STATEN ISLAND NY 10301	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	120	PROPRIETARY	11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
113	2	107

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	113	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	107	94.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	97	85.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	85.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	96	85.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	5	4.4	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	43.4	42.0	37.7
Completely bedfast residents.	1	0.9	1.9	3.4
Residents confined to chairs.	99	87.6	54.8	50.8
Residents requiring restraints.	50	44.2	47.2	41.3
Confused or disoriented residents.	86	76.1	62.7	58.4
Residents with bed sores.	3	2.7	6.6	7.1
Residents receiving special skin care.	14	12.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RAMAPO MANOR NURSING CENTER

Street Address: CRAGMERE RD BOX 248		City and State: SUFFERN NY 10901	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 163	Type of Ownership: NON-PROFIT OTHER	Survey Date: 06/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 160	Medicare Residents: 1	Medicaid Residents: 115
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	124	77.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	135	84.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	107	66.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	67.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	107	66.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	63	39.4	42.0	37.7
Completely bedfast residents.	3	1.9	1.9	3.4
Residents confined to chairs.	89	55.6	54.8	50.8
Residents requiring restraints.	78	48.7	47.2	41.3
Confused or disoriented residents.	84	52.5	62.7	58.4
Residents with bed sores.	7	4.4	6.6	7.1
Residents receiving special skin care.	120	75.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CASTLE REST NH

Street Address:		City and State:	
116 EAST CASTLE ST		SYRACUSE NY 13205	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	140	PROPRIETARY	09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
137	1	105			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		137	100	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		125	91.2	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		118	86.1	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		119	86.9	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		112	81.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		55	40.1	42.0	37.7
Completely bedfast residents.		4	2.9	1.9	3.4
Residents confined to chairs.		84	61.3	54.8	50.8
Residents requiring restraints.		82	59.9	47.2	41.3
Confused or disoriented residents.		109	79.6	62.7	58.4
Residents with bed sores.		12	8.8	6.6	7.1
Residents receiving special skin care.		24	17.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COMMUNITY GENERAL HOSPITAL

Street Address:		City and State:	
BROAD ROAD		SYRACUSE NY 13215	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	50	NON-PROFIT OTHER	05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
47	22	4		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	91.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	34	72.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	72.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	72.3	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	48.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	48.9	42.0	37.7
Completely bedfast residents.	1	2.1	1.9	3.4
Residents confined to chairs.	22	46.8	54.8	50.8
Residents requiring restraints.	3	6.4	47.2	41.3
Confused or disoriented residents.	3	6.4	62.7	58.4
Residents with bed sores.	2	4.3	6.6	7.1
Residents receiving special skin care.	12	25.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILL HAVEN NH

Street Address:		City and State:	
4001 E GENESEE ST		SYRACUSE NY 13214	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	121	PROPRIETARY	09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
119	2	51			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		105	88.2	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		113	95.0	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		107	89.9	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		110	92.4	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		103	86.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.		1	0.8	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		75	63.0	42.0	37.7
Completely bedfast residents.		5	4.2	1.9	3.4
Residents confined to chairs.		71	59.7	54.8	50.8
Residents requiring restraints.		72	60.5	47.2	41.3
Confused or disoriented residents.		92	77.3	62.7	58.4
Residents with bed sores.		10	8.4	6.6	7.1
Residents receiving special skin care.		28	23.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JAMES SQUARE NH

Street Address:		City and State:	
918 JAMES ST		SYRACUSE NY 13203	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	455	PROPRIETARY	12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
452	8	361		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	409	90.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	412	91.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	380	84.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	404	89.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	352	77.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	29	6.4	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	167	36.9	42.0	37.7
Completely bedfast residents.	2	0.4	1.9	3.4
Residents confined to chairs.	259	57.3	54.8	50.8
Residents requiring restraints.	223	49.3	47.2	41.3
Confused or disoriented residents.	273	60.4	62.7	58.4
Residents with bed sores.	16	3.5	6.6	7.1
Residents receiving special skin care.	229	50.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JEWISH HOME OF CENTRAL NY

Street Address:		City and State:	
4101 EAST GENESEE ST		SYRACUSE NY 13214	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	151	NON-PROFIT OTHER	12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
143	3	117

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	119	83.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	131	91.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	123	86.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	80.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	121	84.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	10	7.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	93	65.0	42.0	37.7
Completely bedfast residents.	1	0.7	1.9	3.4
Residents confined to chairs.	60	42.0	54.8	50.8
Residents requiring restraints.	61	42.7	47.2	41.3
Confused or disoriented residents.	96	67.1	62.7	58.4
Residents with bed sores.	7	4.9	6.6	7.1
Residents receiving special skin care.	7	4.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LORETTO GERIATRIC CENTER

Street Address:		City and State:	
700 EAST BRIGHTON AVE		SYRACUSE NY 13205	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	520	NON-PROFIT OTHER	02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
516	7	382

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	425	82.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	397	76.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	330	64.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	312	60.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	322	62.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	133	25.8	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	165	32.0	54.8	50.8
Residents requiring restraints.	114	22.1	47.2	41.3
Confused or disoriented residents.	326	63.2	62.7	58.4
Residents with bed sores.	18	3.5	6.6	7.1
Residents receiving special skin care.	201	39.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PLAZA NH CO

Street Address: 614 S CROUSE AVE		City and State: SYRACUSE NY 13210	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 242	Type of Ownership: NON-PROFIT OTHER	Survey Date: 11/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 235	Medicare Residents: 20	Medicaid Residents: 176
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	177	75.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	216	91.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	204	86.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	204	86.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	215	91.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	83	35.3	42.0	37.7
Completely bedfast residents.	18	7.7	1.9	3.4
Residents confined to chairs.	196	83.4	54.8	50.8
Residents requiring restraints.	107	45.5	47.2	41.3
Confused or disoriented residents.	145	61.7	62.7	58.4
Residents with bed sores.	26	11.1	6.6	7.1
Residents receiving special skin care.	117	49.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST CAMILLUS NH

Street Address: 813 FAY RD		City and State: SYRACUSE NY 13219	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 250	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 232	Medicare Residents: 16	Medicaid Residents: 147		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	167	72.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	175	75.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	147	63.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	168	72.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	103	44.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.4	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	24.1	42.0	37.7
Completely bedfast residents.	1	0.4	1.9	3.4
Residents confined to chairs.	98	42.2	54.8	50.8
Residents requiring restraints.	56	24.1	47.2	41.3
Confused or disoriented residents.	94	40.5	62.7	58.4
Residents with bed sores.	10	4.3	6.6	7.1
Residents receiving special skin care.	49	21.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VAN DUYN HOME AND HOSP

Street Address:		City and State:	
ONONDAGA RD AND W SENECA TNPk		SYRACUSE NY 13215	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	526	LOCAL GOVERNMENT	01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
525	69	396		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	455	86.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	452	86.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	433	82.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	427	81.3	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	413	78.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	93	17.7	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	272	51.8	42.0	37.7
Completely bedfast residents.	66	12.6	1.9	3.4
Residents confined to chairs.	338	64.4	54.8	50.8
Residents requiring restraints.	192	36.6	47.2	41.3
Confused or disoriented residents.	307	58.5	62.7	58.4
Residents with bed sores.	25	4.8	6.6	7.1
Residents receiving special skin care.	176	33.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TARRYTOWN HALL NH

Street Address:		City and State:	
WOOD COURT		TARRYTOWN NY 10591	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
116	2	83		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	79.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	66.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	57.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	61.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	58.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	29.3	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	63	54.3	54.8	50.8
Residents requiring restraints.	41	35.3	47.2	41.3
Confused or disoriented residents.	72	62.1	62.7	58.4
Residents with bed sores.	6	5.2	6.6	7.1
Residents receiving special skin care.	12	10.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MOSES LUDINGTON NH

Street Address: PO BOX 472 WICKER ST		City and State: TICONDEROGA NY 12883	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 40	Type of Ownership: NON-PROFIT OTHER	Survey Date: 06/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	Medicare Residents: 0	Medicaid Residents: 24		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	82.5	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	36	90.0	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	36	90.0	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	87.5	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	75.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	45.0	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	29	72.5	54.8	50.8
Residents requiring restraints.	15	37.5	47.2	41.3
Confused or disoriented residents.	27	67.5	62.7	58.4
Residents with bed sores.	1	2.5	6.6	7.1
Residents receiving special skin care.	13	32.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHERIDAN MANOR NH

Street Address: 2799 SHERIDAN DRIVE		City and State: TONAWANDA NY 14150	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 100	Type of Ownership: PROPRIETARY	Survey Date: 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	Medicare Residents: 0	Medicaid Residents: 53
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	100	86.3	81.5
Dressing Residents requiring some or total assistance in dressing.	79	96.3	84.2	83.2
Toileting Residents requiring some or total assistance in toileting.	70	85.4	75.9	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	100	78.2	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	70.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	2.5	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	39.0	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	30	36.6	54.8	50.8
Residents requiring restraints.	57	69.5	47.2	41.3
Confused or disoriented residents.	50	61.0	62.7	58.4
Residents with bed sores.	4	4.9	6.6	7.1
Residents receiving special skin care.	16	19.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EDEN PARK NH

Street Address:		City and State:	
2417 15TH ST		TROY NY 12180	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	130	PROPRIETARY	02/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
115	0	89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	92.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	113	98.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	109	94.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	98.3	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	107	93.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	43	37.4	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	66	57.4	42.0	37.7
Completely bedfast residents.	2	1.7	1.9	3.4
Residents confined to chairs.	83	72.2	54.8	50.8
Residents requiring restraints.	47	40.9	47.2	41.3
Confused or disoriented residents.	85	73.9	62.7	58.4
Residents with bed sores.	6	5.2	6.6	7.1
Residents receiving special skin care.	55	47.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HALLMARK NURSING CENTRE

Street Address:		City and State:	
49 MARVIN AVE		TROY NY 12180	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	80	PROPRIETARY	06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
77	0	47		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	87.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	70	90.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	90.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	90.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	87.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	58.4	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	68	88.3	54.8	50.8
Residents requiring restraints.	70	90.9	47.2	41.3
Confused or disoriented residents.	45	58.4	62.7	58.4
Residents with bed sores.	7	9.1	6.6	7.1
Residents receiving special skin care.	38	49.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HIGHGATE MANOR OF RENSSELAER

Street Address:		City and State:	
100 NEW TURNPIKE ROAD		TROY NY 12182	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	10/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
116	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	79.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	108	93.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	102	87.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	87.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	102	87.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	60	51.7	42.0	37.7
Completely bedfast residents.	1	0.9	1.9	3.4
Residents confined to chairs.	40	34.5	54.8	50.8
Residents requiring restraints.	71	61.2	47.2	41.3
Confused or disoriented residents.	87	75.0	62.7	58.4
Residents with bed sores.	5	4.3	6.6	7.1
Residents receiving special skin care.	4	3.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JAMES A EDDY MEM GERIATRIC CTR INC

Street Address: 2256 BURDETT AVE		City and State: TROY NY 12180	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: NON-PROFIT OTHER	Survey Date: 12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	Medicare Residents: 1	Medicaid Residents: 33		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	79.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	79.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	47	81.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	69.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	65.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	12	20.7	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	34.5	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	24	41.4	54.8	50.8
Residents requiring restraints.	28	48.3	47.2	41.3
Confused or disoriented residents.	34	58.6	62.7	58.4
Residents with bed sores.	2	3.4	6.6	7.1
Residents receiving special skin care.	20	34.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEISURE ARMS

Street Address: 2405 15TH ST		City and State: TROY NY 12180	
Participation: MEDICAID ICF	# of Beds: 88	Type of Ownership: PROPRIETARY	Survey Date: 04/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	Medicare Residents: 0	Medicaid Residents: 74
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%

Bathing Residents requiring some or total assistance in bathing.	81	97.6	69.8	78.3
Dressing Residents requiring some or total assistance in dressing.	39	47.0	48.6	76.7
Toileting Residents requiring some or total assistance in toileting.	21	25.3	23.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	25.3	23.6	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	14.5	21.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.4	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	3.6	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	1.2	11.2	39.1
Residents requiring restraints.	1	1.2	3.0	31.7
Confused or disoriented residents.	21	25.3	37.3	55.8
Residents with bed sores.	0	0.0	0.4	4.7
Residents receiving special skin care.	4	4.8	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VAN RENSSELAER MANOR SNF

Street Address:		City and State:	
133 BLOOMINGROVE DR		TROY NY 12180	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	362	LOCAL GOVERNMENT	05/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
338	19	300		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	244	72.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	244	72.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	220	65.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	235	69.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	316	93.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	11	3.3	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	120	35.5	42.0	37.7
Completely bedfast residents.	1	0.3	1.9	3.4
Residents confined to chairs.	194	57.4	54.8	50.8
Residents requiring restraints.	132	39.1	47.2	41.3
Confused or disoriented residents.	189	55.9	62.7	58.4
Residents with bed sores.	17	5.0	6.6	7.1
Residents receiving special skin care.	79	23.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MERCY HEALTHCARE CENTER

Street Address: 114 WAWBEEK AVE		City and State: TUPPER LAKE NY 12986	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 54	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	Medicare Residents: 0	Medicaid Residents: 46	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	96.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	52	96.3	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	96.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	88.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	83.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	40.7	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	41	75.9	54.8	50.8
Residents requiring restraints.	38	70.4	47.2	41.3
Confused or disoriented residents.	52	96.3	62.7	58.4
Residents with bed sores.	1	1.9	6.6	7.1
Residents receiving special skin care.	2	3.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE A HOLLY PATTERSON NH

Street Address:		City and State:	
875 JERUSALEM AVE		UNIONDALE NY 11553	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	889	LOCAL GOVERNMENT	09/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
882	110	746		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	795	90.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	812	92.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	776	88.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	791	89.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	775	87.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	541	61.3	42.0	37.7
Completely bedfast residents.	85	9.6	1.9	3.4
Residents confined to chairs.	694	78.7	54.8	50.8
Residents requiring restraints.	708	80.3	47.2	41.3
Confused or disoriented residents.	710	80.5	62.7	58.4
Residents with bed sores.	139	15.8	6.6	7.1
Residents receiving special skin care.	668	75.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BROADACRES

Street Address:		City and State:	
WALKER RD		UTICA NY 13502	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	168	LOCAL GOVERNMENT	07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
168	0	157	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	158	94.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	165	98.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	163	97.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	162	96.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	163	97.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	107	63.7	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	66	39.3	54.8	50.8
Residents requiring restraints.	127	75.6	47.2	41.3
Confused or disoriented residents.	118	70.2	62.7	58.4
Residents with bed sores.	13	7.7	6.6	7.1
Residents receiving special skin care.	44	26.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EDEN PARK NH

Street Address:		City and State:	
1800 BUTTERFIELD AVE		UTICA NY 13501	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	117	PROPRIETARY	07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
116	1	89	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	116	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	112	96.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	63.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	62.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	22.4	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	79	68.1	54.8	50.8
Residents requiring restraints.	45	38.8	47.2	41.3
Confused or disoriented residents.	51	44.0	62.7	58.4
Residents with bed sores.	12	10.3	6.6	7.1
Residents receiving special skin care.	30	25.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

FAXTON-SUNSET-ST LUKE S H R F N H

Street Address:		City and State:	
1657 SUNSET AVE		UTICA NY 13502	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	199	NON-PROFIT OTHER	03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:		Medicaid Residents:			
193	0		144			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION		
	#	%	%	%		
Bathing						
Residents requiring some or total assistance in bathing.	158	81.9	86.3	81.5		
Dressing						
Residents requiring some or total assistance in dressing.	114	59.1	84.2	83.2		
Toileting						
Residents requiring some or total assistance in toileting.	69	35.8	75.9	73.8		
Transferring						
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	32.1	78.2	77.2		
Continence						
Residents with catheters or partial or total loss of bowel or bladder control.	81	42.0	70.4	68.2		
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6		
Eating						
Residents receiving tube feedings or requiring assistance with eating.	40	20.7	42.0	37.7		
Completely bedfast residents.	0	0.0	1.9	3.4		
Residents confined to chairs.	46	23.8	54.8	50.8		
Residents requiring restraints.	39	20.2	47.2	41.3		
Confused or disoriented residents.	102	52.8	62.7	58.4		
Residents with bed sores.	6	3.1	6.6	7.1		
Residents receiving special skin care.	25	13.0	38.6	31.2		

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GENESEE NH

Street Address:		City and State:	
1634 GENESEE ST		UTICA NY 13502	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	100	PROPRIETARY	03/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
100	0	83		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	93.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	98	98.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	93	93.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	90.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	91.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	4	4.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	61	61.0	42.0	37.7
Completely bedfast residents.	2	2.0	1.9	3.4
Residents confined to chairs.	76	76.0	54.8	50.8
Residents requiring restraints.	48	48.0	47.2	41.3
Confused or disoriented residents.	55	55.0	62.7	58.4
Residents with bed sores.	13	13.0	6.6	7.1
Residents receiving special skin care.	54	54.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MASONIC HOME AND HEALTH FACILITY

Street Address:		City and State:	
2150 BLEECKER ST		UTICA NY 13504	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	388	NON-PROFIT OTHER	01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
377	4	307

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	345	91.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	289	76.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	252	66.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	307	81.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	251	66.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	13	3.4	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	135	35.8	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	131	34.7	54.8	50.8
Residents requiring restraints.	109	28.9	47.2	41.3
Confused or disoriented residents.	233	61.8	62.7	58.4
Residents with bed sores.	26	6.9	6.6	7.1
Residents receiving special skin care.	82	21.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JOSEPH NH

Street Address:		City and State:	
2535 GENESEE ST		UTICA NY 13501	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	120	NON-PROFIT OTHER	01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
118	2	76		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	92.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	118	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	114	96.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	116	98.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	63	53.4	42.0	37.7
Completely bedfast residents.	2	1.7	1.9	3.4
Residents confined to chairs.	117	99.2	54.8	50.8
Residents requiring restraints.	77	65.3	47.2	41.3
Confused or disoriented residents.	100	84.7	62.7	58.4
Residents with bed sores.	14	11.9	6.6	7.1
Residents receiving special skin care.	2	1.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST LUKES MEMORIAL HOSP ALLEN-CALDER WG

Street Address:		City and State:	
P O BOX 479		UTICA NY 13503	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	76	NON-PROFIT OTHER	08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
76	1	63		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	85.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	76	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	96.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	90.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	88.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	44.7	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	53	69.7	54.8	50.8
Residents requiring restraints.	46	60.5	47.2	41.3
Confused or disoriented residents.	43	56.6	62.7	58.4
Residents with bed sores.	9	11.8	6.6	7.1
Residents receiving special skin care.	28	36.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BARNWELL NH

Street Address: CHURCH ST		City and State: VALATIE NY 12184	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 228	Type of Ownership: PROPRIETARY	Survey Date: 02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 222	Medicare Residents: 0	Medicaid Residents: 170	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	194	87.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	162	73.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	151	68.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	147	66.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	134	60.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	6	2.7	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	75	33.8	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	69	31.1	54.8	50.8
Residents requiring restraints.	55	24.8	47.2	41.3
Confused or disoriented residents.	123	55.4	62.7	58.4
Residents with bed sores.	6	2.7	6.6	7.1
Residents receiving special skin care.	40	18.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NYACK MANOR NH

Street Address:		City and State:	
CHRISTIAN HERALD RD		VALLEY COTTAGE NY 10989	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	160	PROPRIETARY	08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
151	6	111		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	144	95.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	146	96.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	137	90.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	142	94.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	137	90.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	40	26.5	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	142	94.0	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	141	93.4	54.8	50.8
Residents requiring restraints.	125	82.8	47.2	41.3
Confused or disoriented residents.	120	79.5	62.7	58.4
Residents with bed sores.	5	3.3	6.6	7.1
Residents receiving special skin care.	151	100	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TOLSTOY FOUNDATION NH

Street Address:		City and State:	
LAKE RD		VALLEY COTTAGE NY 10989	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	96	NON-PROFIT OTHER	06/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
92	3	84		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	96.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	88.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	81.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	80.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	39.1	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	76	82.6	54.8	50.8
Residents requiring restraints.	59	64.1	47.2	41.3
Confused or disoriented residents.	70	76.1	62.7	58.4
Residents with bed sores.	12	13.0	6.6	7.1
Residents receiving special skin care.	19	20.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VESTAL NH

Street Address: 860 OLD VESTAL RD		City and State: VESTAL NY 13850	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: NON-PROFIT OTHER	Survey Date: 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
179	4	125			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		117	65.4	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		139	77.7	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		113	63.1	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		142	79.3	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		104	58.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.		3	1.7	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		32	17.9	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		69	38.5	54.8	50.8
Residents requiring restraints.		49	27.4	47.2	41.3
Confused or disoriented residents.		92	51.4	62.7	58.4
Residents with bed sores.		16	8.9	6.6	7.1
Residents receiving special skin care.		95	53.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WILLOW POINT NH

Street Address:		City and State:	
3700 OLD VESTAL RD		VESTAL NY 13850	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	342	LOCAL GOVERNMENT	05/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
335	0	328			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		227	67.8	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		256	76.4	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		223	66.6	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		206	61.5	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		202	60.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		63	18.8	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		80	23.9	54.8	50.8
Residents requiring restraints.		133	39.7	47.2	41.3
Confused or disoriented residents.		181	54.0	62.7	58.4
Residents with bed sores.		21	6.3	6.6	7.1
Residents receiving special skin care.		59	17.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CENTRAL DUTCHESS NH INC

Street Address:		City and State:	
37 MESIER AVE		WAPPINGERS FALLS NY 12590	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	62	PROPRIETARY	07/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
61		0		36	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		54	88.5	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		58	95.1	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		56	91.8	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		58	95.1	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		52	85.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.		1	1.6	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		31	50.8	42.0	37.7
Completely bedfast residents.		2	3.3	1.9	3.4
Residents confined to chairs.		53	86.9	54.8	50.8
Residents requiring restraints.		19	31.1	47.2	41.3
Confused or disoriented residents.		45	73.8	62.7	58.4
Residents with bed sores.		4	6.6	6.6	7.1
Residents receiving special skin care.		9	14.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EAST SIDE NH

Street Address:		City and State:	
62 PROSPECT ST		WARSAW NY 14569	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	80	PROPRIETARY	10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
79	0	58		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	97.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	98.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	97.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	96.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	84.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	2.5	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	26.6	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	21	26.6	54.8	50.8
Residents requiring restraints.	42	53.2	47.2	41.3
Confused or disoriented residents.	51	64.6	62.7	58.4
Residents with bed sores.	8	10.1	6.6	7.1
Residents receiving special skin care.	49	62.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANOR OAK SNF INC

Street Address:		City and State:	
283 NORTH MAIN ST		WARSAW NY 14569	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	100	PROPRIETARY	10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
97	5	73		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	93.8	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	94	96.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	91	93.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	73.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	40.2	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	43	44.3	54.8	50.8
Residents requiring restraints.	41	42.3	47.2	41.3
Confused or disoriented residents.	93	95.9	62.7	58.4
Residents with bed sores.	6	6.2	6.6	7.1
Residents receiving special skin care.	46	47.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WYOMING CO COMMUNITY HOSP

Street Address:		City and State:	
400 NORTH MAIN ST		WARSAW NY 14569	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	72	LOCAL GOVERNMENT	10/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
36	6	30		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	94.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	34	94.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	35	97.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	94.4	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	97.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	3	8.3	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	63.9	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	28	77.8	54.8	50.8
Residents requiring restraints.	20	55.6	47.2	41.3
Confused or disoriented residents.	16	44.4	62.7	58.4
Residents with bed sores.	6	16.7	6.6	7.1
Residents receiving special skin care.	27	75.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SENECA NH

Street Address:		City and State:	
200 DOUGLAS DRIVE		WATERLOO NY 13165	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
119	1	72		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	99.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	119	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	70.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	68.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	53.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	59	49.6	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	31	26.1	54.8	50.8
Residents requiring restraints.	41	34.5	47.2	41.3
Confused or disoriented residents.	77	64.7	62.7	58.4
Residents with bed sores.	17	14.3	6.6	7.1
Residents receiving special skin care.	24	20.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TAYLOR BROWN MEMORIAL HOSP ECF

Street Address:		City and State:	
EAST MAIN ST		WATERLOO NY 13165	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	53	NON-PROFIT OTHER	04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
51	1	47		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	84.3	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	92.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	82.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	76.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	68.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	27.5	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	31	60.8	54.8	50.8
Residents requiring restraints.	8	15.7	47.2	41.3
Confused or disoriented residents.	20	39.2	62.7	58.4
Residents with bed sores.	4	7.8	6.6	7.1
Residents receiving special skin care.	15	29.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MADONNA HOME OF MERCY HOSP SNF

Street Address:		City and State:	
218 STONE ST		WATERTOWN NY 13601	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	204	NON-PROFIT RELIGIOUS	08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
203		4		183			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				187	92.1	86.3	81.5
Dressing							
Residents requiring some or total assistance in dressing.				176	86.7	84.2	83.2
Toileting							
Residents requiring some or total assistance in toileting.				142	70.0	75.9	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				151	74.4	78.2	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				137	67.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.				2	1.0	2.5	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				56	27.6	42.0	37.7
Completely bedfast residents.				2	1.0	1.9	3.4
Residents confined to chairs.				109	53.7	54.8	50.8
Residents requiring restraints.				90	44.3	47.2	41.3
Confused or disoriented residents.				104	51.2	62.7	58.4
Residents with bed sores.				6	3.0	6.6	7.1
Residents receiving special skin care.				92	45.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SAMARITAN KEEP NH

Street Address: 133 PRATT ST		City and State: WATERTOWN NY 13601	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 272	Type of Ownership: NON-PROFIT OTHER	Survey Date: 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 272	Medicare Residents: 3	Medicaid Residents: 202	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	207	76.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	218	80.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	209	76.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	202	74.3	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	188	69.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	114	41.9	42.0	37.7
Completely bedfast residents.	5	1.8	1.9	3.4
Residents confined to chairs.	105	38.6	54.8	50.8
Residents requiring restraints.	139	51.1	47.2	41.3
Confused or disoriented residents.	141	51.8	62.7	58.4
Residents with bed sores.	20	7.4	6.6	7.1
Residents receiving special skin care.	48	17.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HARDING NH

Street Address: 220 TOWER ST		City and State: WATERVILLE NY 13480	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 92	Type of Ownership: PROPRIETARY	Survey Date: 03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	Medicare Residents: 1	Medicaid Residents: 55
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	76.1	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	80.4	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	71.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	71.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	58.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	32.6	42.0	37.7
Completely bedfast residents.	1	1.1	1.9	3.4
Residents confined to chairs.	58	63.0	54.8	50.8
Residents requiring restraints.	39	42.4	47.2	41.3
Confused or disoriented residents.	39	42.4	62.7	58.4
Residents with bed sores.	6	6.5	6.6	7.1
Residents receiving special skin care.	92	100	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TIOGA NH INC

Street Address: 37 N CHEMUNG ST		City and State: WAVERLY NY 14892	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 131	Type of Ownership: NON-PROFIT OTHER	Survey Date: 05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 130	Medicare Residents: 3	Medicaid Residents: 117	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	83.8	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	112	86.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	60.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	66.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	53.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	38.5	42.0	37.7
Completely bedfast residents.	6	4.6	1.9	3.4
Residents confined to chairs.	59	45.4	54.8	50.8
Residents requiring restraints.	51	39.2	47.2	41.3
Confused or disoriented residents.	76	58.5	62.7	58.4
Residents with bed sores.	13	10.0	6.6	7.1
Residents receiving special skin care.	65	50.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILL HAVEN NH

Street Address: 1550 EMPIRE BLVD		City and State: WEBSTER NY 14580	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 355	Type of Ownership: PROPRIETARY	Survey Date: 07/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 347	Medicare Residents: 7	Medicaid Residents: 220
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	262	75.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	267	76.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	214	61.7	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	228	65.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	183	52.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	6	1.7	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	128	36.9	42.0	37.7
Completely bedfast residents.	3	0.9	1.9	3.4
Residents confined to chairs.	189	54.5	54.8	50.8
Residents requiring restraints.	121	34.9	47.2	41.3
Confused or disoriented residents.	189	54.5	62.7	58.4
Residents with bed sores.	6	1.7	6.6	7.1
Residents receiving special skin care.	77	22.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MAPLEWOOD NH

Street Address:		City and State:	
100 DANIEL DR		WEBSTER NY 14580	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	72	PROPRIETARY	12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
70	2	18	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	22.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	97.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	88.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	97.1	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	81.4	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	41.4	42.0	37.7
Completely bedfast residents.	6	8.6	1.9	3.4
Residents confined to chairs.	41	58.6	54.8	50.8
Residents requiring restraints.	45	64.3	47.2	41.3
Confused or disoriented residents.	58	82.9	62.7	58.4
Residents with bed sores.	0	0.0	6.6	7.1
Residents receiving special skin care.	23	32.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WELLSVILLE MANOR NH

Street Address: 4100 BOLIVAR RD		City and State: WELLSVILLE NY 14895	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	Medicare Residents: 3	Medicaid Residents: 84	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	89.0	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	73.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	69.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	55.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	25.4	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	25	21.2	54.8	50.8
Residents requiring restraints.	45	38.1	47.2	41.3
Confused or disoriented residents.	63	53.4	62.7	58.4
Residents with bed sores.	8	6.8	6.6	7.1
Residents receiving special skin care.	12	10.2	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WELLSVILLE NH

Street Address:		City and State:	
160 SENECA ST		WELLSVILLE NY 14895	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	80	PROPRIETARY	12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
79	2	54		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	93.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	76	96.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	94.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	93.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	82.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	31.6	42.0	37.7
Completely bedfast residents.	1	1.3	1.9	3.4
Residents confined to chairs.	23	29.1	54.8	50.8
Residents requiring restraints.	62	78.5	47.2	41.3
Confused or disoriented residents.	56	70.9	62.7	58.4
Residents with bed sores.	4	5.1	6.6	7.1
Residents receiving special skin care.	51	64.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BERKSHIRE NURSING CENTER

Street Address:		City and State:	
10 BERKSHIRE ROAD		WEST BABYLON NY 11704	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	175	PROPRIETARY	03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
174	2	104		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	149	85.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	169	97.1	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	160	92.0	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	174	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	155	89.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	3	1.7	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	92	52.9	42.0	37.7
Completely bedfast residents.	28	16.1	1.9	3.4
Residents confined to chairs.	99	56.9	54.8	50.8
Residents requiring restraints.	131	75.3	47.2	41.3
Confused or disoriented residents.	90	51.7	62.7	58.4
Residents with bed sores.	14	8.0	6.6	7.1
Residents receiving special skin care.	53	30.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EAST NECK NURSING CENTER

Street Address: 134 GREAT E NECK RD		City and State: WEST BABYLON NY 11707	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 300	Type of Ownership: PROPRIETARY	Survey Date: 04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 295	Medicare Residents: 6	Medicaid Residents: 209
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	295	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	292	99.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	223	75.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	207	70.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	226	76.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	5	1.7	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	203	68.8	42.0	37.7
Completely bedfast residents.	14	4.7	1.9	3.4
Residents confined to chairs.	114	38.6	54.8	50.8
Residents requiring restraints.	134	45.4	47.2	41.3
Confused or disoriented residents.	189	64.1	62.7	58.4
Residents with bed sores.	13	4.4	6.6	7.1
Residents receiving special skin care.	58	19.7	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CONSOLATION NH

Street Address: 111 BEACH DR		City and State: WEST ISLIP NY 11795	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 250	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 02/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
249		3		208			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				224	90.0	86.3	81.5
Dressing							
Residents requiring some or total assistance in dressing.				211	84.7	84.2	83.2
Toileting							
Residents requiring some or total assistance in toileting.				194	77.9	75.9	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				181	72.7	78.2	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				173	69.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.				0	0.0	2.5	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				68	27.3	42.0	37.7
Completely bedfast residents.				4	1.6	1.9	3.4
Residents confined to chairs.				165	66.3	54.8	50.8
Residents requiring restraints.				110	44.2	47.2	41.3
Confused or disoriented residents.				130	52.2	62.7	58.4
Residents with bed sores.				18	7.2	6.6	7.1
Residents receiving special skin care.				85	34.1	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SENECA MANOR

Street Address: 2987 SENECA ST		City and State: WEST SENECA NY 14224	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 160	Type of Ownership: PROPRIETARY	Survey Date: 10/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 157	Medicare Residents: 1	Medicaid Residents: 89
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	139	88.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	122	77.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	92	58.6	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	58.0	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	43.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	34.4	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	28	17.8	54.8	50.8
Residents requiring restraints.	82	52.2	47.2	41.3
Confused or disoriented residents.	67	42.7	62.7	58.4
Residents with bed sores.	7	4.5	6.6	7.1
Residents receiving special skin care.	18	11.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTFIELD HEALTH CARE CENTER

Street Address:		City and State:	
26 CASS ST		WESTFIELD NY 14787	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	08/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
117	4	89		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	73.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	71.8	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	70.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	64.1	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	66.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	20.5	42.0	37.7
Completely bedfast residents.	2	1.7	1.9	3.4
Residents confined to chairs.	40	34.2	54.8	50.8
Residents requiring restraints.	36	30.8	47.2	41.3
Confused or disoriented residents.	50	42.7	62.7	58.4
Residents with bed sores.	5	4.3	6.6	7.1
Residents receiving special skin care.	21	17.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NATHAN MILLER CTR FOR NRSG CARE INC

Street Address:		City and State:	
37 DEKALB AVENUE		WHITE PLAINS NY 10605	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	65	NON-PROFIT OTHER	11/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
64	3	49		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	64	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	55	85.9	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	90.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	76.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	46.9	42.0	37.7
Completely bedfast residents.	1	1.6	1.9	3.4
Residents confined to chairs.	44	68.8	54.8	50.8
Residents requiring restraints.	39	60.9	47.2	41.3
Confused or disoriented residents.	49	76.6	62.7	58.4
Residents with bed sores.	1	1.6	6.6	7.1
Residents receiving special skin care.	1	1.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TIBBITS NH

Street Address:		City and State:	
12 TIBBITS AVE		WHITE PLAINS NY 10606	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	230	PROPRIETARY	11/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
217	3	165		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	166	76.5	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	115	53.0	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	90	41.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	53.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	44.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	23.5	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	96	44.2	54.8	50.8
Residents requiring restraints.	60	27.6	47.2	41.3
Confused or disoriented residents.	127	58.5	62.7	58.4
Residents with bed sores.	4	1.8	6.6	7.1
Residents receiving special skin care.	3	1.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WHITE PLAINS CTR FOR NURSING CARE

Street Address: 220 WEST POST RD		City and State: WHITE PLAINS NY 10606	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 88	Type of Ownership: PROPRIETARY	Survey Date: 09/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	Medicare Residents: 8	Medicaid Residents: 39		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	79	100	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	100	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	100	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	78.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	3	3.8	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	63.3	42.0	37.7
Completely bedfast residents.	5	6.3	1.9	3.4
Residents confined to chairs.	40	50.6	54.8	50.8
Residents requiring restraints.	52	65.8	47.2	41.3
Confused or disoriented residents.	63	79.7	62.7	58.4
Residents with bed sores.	7	8.9	6.6	7.1
Residents receiving special skin care.	9	11.4	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRIDGEVIEW NH

Street Address:		City and State:	
143-10 20TH AVENUE		WHITESTONE NY 11357	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	200	PROPRIETARY	02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
184	2	142		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	178	96.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	172	93.5	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	164	89.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	177	96.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	145	78.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	70	38.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	26.6	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	176	95.7	54.8	50.8
Residents requiring restraints.	161	87.5	47.2	41.3
Confused or disoriented residents.	163	88.6	62.7	58.4
Residents with bed sores.	6	3.3	6.6	7.1
Residents receiving special skin care.	179	97.3	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLEARVIEW NH

Street Address: 157-15 19TH AVE		City and State: WHITESTONE NY 11357	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 179	Type of Ownership: PROPRIETARY	Survey Date: 06/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 176	Medicare Residents: 6	Medicaid Residents: 151
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	175	99.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	174	98.9	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	171	97.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	170	96.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	160	90.9	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	73	41.5	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	166	94.3	54.8	50.8
Residents requiring restraints.	149	84.7	47.2	41.3
Confused or disoriented residents.	144	81.8	62.7	58.4
Residents with bed sores.	8	4.5	6.6	7.1
Residents receiving special skin care.	176	100	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLHAVEN CONV HOSP

Street Address: 521 LOREL WAY		City and State: YUBA CITY CA 95991	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 151	Type of Ownership: PROPRIETARY	Survey Date: 08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 139	Medicare Residents: 0	Medicaid Residents: 0	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	125	89.9	83.8	81.5
Dressing Residents requiring some or total assistance in dressing.	132	95.0	87.4	83.2
Toileting Residents requiring some or total assistance in toileting.	125	89.9	80.6	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	91.4	79.4	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	102	73.4	73.0	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.7	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	66	47.5	42.9	37.7
Completely bedfast residents.	0	0.0	3.8	3.4
Residents confined to chairs.	82	59.0	58.6	50.8
Residents requiring restraints.	76	54.7	45.3	41.3
Confused or disoriented residents.	73	52.5	60.6	58.4
Residents with bed sores.	13	9.4	8.8	7.1
Residents receiving special skin care.	31	22.3	29.7	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WILLIAMSVILLE SUBURBAN NH

Street Address:		City and State:	
193 SOUTH UNION RD		WILLIAMSVILLE NY 14221	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	80	PROPRIETARY	07/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
76	0	22	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	100	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	98.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	97.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	90.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	98.7	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	46.1	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	31	40.8	54.8	50.8
Residents requiring restraints.	58	76.3	47.2	41.3
Confused or disoriented residents.	59	77.6	62.7	58.4
Residents with bed sores.	5	6.6	6.6	7.1
Residents receiving special skin care.	3	3.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WILLIAMSVILLE VIEW MANOR

Street Address:		City and State:	
165 SOUTH UNION ROAD		WILLIAMSVILLE NY 14221	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	140	PROPRIETARY	11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
140	0	45	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	58.6	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	98	70.0	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	51	36.4	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	42.9	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	30.7	21.0	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	35.7	10.3	29.3
Completely bedfast residents.	1	0.7	0.6	3.6
Residents confined to chairs.	24	17.1	11.2	39.1
Residents requiring restraints.	18	12.9	3.0	31.7
Confused or disoriented residents.	93	66.4	37.3	55.8
Residents with bed sores.	0	0.0	0.4	4.7
Residents receiving special skin care.	11	7.9	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE UNITED PRESBYTERIAN HOME AT SYOSSET

Street Address:		City and State:	
SYOSSET-WOODBURY RD		WOODBURY NY 11797	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	602	NON-PROFIT RELIGIOUS	04/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
585	4	481		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	510	87.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	358	61.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	272	46.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	270	46.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	309	52.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	222	37.9	42.0	37.7
Completely bedfast residents.	3	0.5	1.9	3.4
Residents confined to chairs.	294	50.3	54.8	50.8
Residents requiring restraints.	187	32.0	47.2	41.3
Confused or disoriented residents.	318	54.4	62.7	58.4
Residents with bed sores.	37	6.3	6.6	7.1
Residents receiving special skin care.	187	32.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WOODBURY EAST SNF HRF

Street Address:		City and State:	
8565 JERICHO TURNPIKE		WOODBURY NY 11797	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	200	PROPRIETARY	04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
196	2	157			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		113	57.7	86.3	81.5
Dressing					
Residents requiring some or total assistance in dressing.		79	40.3	84.2	83.2
Toileting					
Residents requiring some or total assistance in toileting.		69	35.2	75.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		56	28.6	78.2	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		74	37.8	70.4	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		24	12.2	42.0	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		52	26.5	54.8	50.8
Residents requiring restraints.		29	14.8	47.2	41.3
Confused or disoriented residents.		31	15.8	62.7	58.4
Residents with bed sores.		5	2.6	6.6	7.1
Residents receiving special skin care.		9	4.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WOODBURY NH

Street Address:		City and State:	
8533 JERICHO TURNPIKE		WOODBURY NY 11797	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	123	PROPRIETARY	04/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
122	5	58	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	96.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	118	96.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	115	94.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	95.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	108	88.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	33.6	42.0	37.7
Completely bedfast residents.	2	1.6	1.9	3.4
Residents confined to chairs.	114	93.4	54.8	50.8
Residents requiring restraints.	77	63.1	47.2	41.3
Confused or disoriented residents.	101	82.8	62.7	58.4
Residents with bed sores.	6	4.9	6.6	7.1
Residents receiving special skin care.	3	2.5	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WOODMERE HRF INC

Street Address:		City and State:	
121 FRANKLIN PLACE		WOODMERE NY 11598	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	150	PROPRIETARY	03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
147	0	132		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	24.5	69.8	78.3
Dressing				
Residents requiring some or total assistance in dressing.	95	64.6	48.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	23	15.6	23.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	14.3	23.6	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	12.2	21.0	59.1
Residents on individually written bowel and bladder retraining program.	19	12.9	2.4	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	2.0	10.3	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	41	27.9	11.2	39.1
Residents requiring restraints.	26	17.7	3.0	31.7
Confused or disoriented residents.	73	49.7	37.3	55.8
Residents with bed sores.	1	0.7	0.4	4.7
Residents receiving special skin care.	9	6.1	11.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	1	2.9	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	0	0.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	0	0.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	2.9	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	0	0.0	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	0	0.0	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	0	0.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bGper dressing.	MET	0	0.0	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	0	0.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	0	0.0	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	0	0.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	0	0.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	0	0.0	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	1	2.9	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	1	2.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	0	0.0	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	0	0.0	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	17.1	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	0	0.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	0	0.0	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	1	2.9	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WOODMERE NH

Street Address:		City and State:	
130 IRVING PLACE		WOODMERE NY 11598	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	186	PROPRIETARY	04/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
179	2	158		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	165	92.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	166	92.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	141	78.8	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	148	82.7	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	106	59.2	70.4	68.2
Residents on individually written bowel and bladder retraining program.	2	1.1	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	149	83.2	42.0	37.7
Completely bedfast residents.	3	1.7	1.9	3.4
Residents confined to chairs.	35	19.6	54.8	50.8
Residents requiring restraints.	151	84.4	47.2	41.3
Confused or disoriented residents.	128	71.5	62.7	58.4
Residents with bed sores.	8	4.5	6.6	7.1
Residents receiving special skin care.	44	24.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUFFOLK CO INFIRMARY

Street Address:		City and State:	
YAPHANK AVE		YAPHANK NY 11980	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	215	LOCAL GOVERNMENT	09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
207	1	200		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	186	89.9	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	204	98.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	197	95.2	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	195	94.2	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	189	91.3	70.4	68.2
Residents on individually written bowel and bladder retraining program.	3	1.4	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	142	68.6	42.0	37.7
Completely bedfast residents.	5	2.4	1.9	3.4
Residents confined to chairs.	187	90.3	54.8	50.8
Residents requiring restraints.	138	66.7	47.2	41.3
Confused or disoriented residents.	169	81.6	62.7	58.4
Residents with bed sores.	9	4.3	6.6	7.1
Residents receiving special skin care.	207	100	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOME FOR AGED BLIND

Street Address:		City and State:	
75 STRATTON ST		YONKERS NY 10701	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	172	NON-PROFIT OTHER	05/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
158	6	143

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	137	86.7	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	107	67.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	105	66.5	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	70.9	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	50.0	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	90	57.0	42.0	37.7
Completely bedfast residents.	2	1.3	1.9	3.4
Residents confined to chairs.	11	7.0	54.8	50.8
Residents requiring restraints.	12	7.6	47.2	41.3
Confused or disoriented residents.	76	48.1	62.7	58.4
Residents with bed sores.	7	4.4	6.6	7.1
Residents receiving special skin care.	74	46.8	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HUDSON VIEW NH

Street Address:		City and State:	
65 ASHBURTON AVE		YONKERS NY 10701	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	315	PROPRIETARY	01/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
305	13	271

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	263	86.2	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	269	88.2	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	227	74.4	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	274	89.8	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	261	85.6	70.4	68.2
Residents on individually written bowel and bladder retraining program.	8	2.6	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	133	43.6	42.0	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	291	95.4	54.8	50.8
Residents requiring restraints.	247	81.0	47.2	41.3
Confused or disoriented residents.	187	61.3	62.7	58.4
Residents with bed sores.	61	20.0	6.6	7.1
Residents receiving special skin care.	73	23.9	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW SANS SOUCI NH

Street Address: 115 PARK AVE		City and State: YONKERS NY 10703	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	Medicare Residents: 6	Medicaid Residents: 83		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	90.6	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	106	90.6	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	101	86.3	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	84.6	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	116	99.1	70.4	68.2
Residents on individually written bowel and bladder retraining program.	16	13.7	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	46.2	42.0	37.7
Completely bedfast residents.	6	5.1	1.9	3.4
Residents confined to chairs.	43	36.8	54.8	50.8
Residents requiring restraints.	76	65.0	47.2	41.3
Confused or disoriented residents.	70	59.8	62.7	58.4
Residents with bed sores.	18	15.4	6.6	7.1
Residents receiving special skin care.	0	0.0	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	54	9.5	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
Each resident is free from mental and physical abuse.	MET	2	0.4	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	4	0.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JOSEPH HOSP

Street Address:		City and State:	
127 S BROADWAY		YONKERS NY 10701	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	200	NON-PROFIT OTHER	06/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
197	4	179		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	190	96.4	86.3	81.5
Dressing				
Residents requiring some or total assistance in dressing.	163	82.7	84.2	83.2
Toileting				
Residents requiring some or total assistance in toileting.	150	76.1	75.9	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	133	67.5	78.2	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	137	69.5	70.4	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	21.3	42.0	37.7
Completely bedfast residents.	2	1.0	1.9	3.4
Residents confined to chairs.	137	69.5	54.8	50.8
Residents requiring restraints.	106	53.8	47.2	41.3
Confused or disoriented residents.	104	52.8	62.7	58.4
Residents with bed sores.	10	5.1	6.6	7.1
Residents receiving special skin care.	19	9.6	38.6	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
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The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	5	0.9	518	5.5
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Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	11	1.9	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	13	2.3	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	3	0.5	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	6	1.1	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	43	7.6	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	8	1.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	16	2.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	11	1.9	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	2.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	8	1.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	1.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
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Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	47	8.3	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	26	4.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	19	3.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	9	1.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	1.1	587	6.2
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An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	2.3	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	118	20.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	5	0.9	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	23	4.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	33	5.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	16	2.8	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	20	3.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	2	0.4	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	35	6.2	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

DATE DUE

REF

HD 7102 .U5N76 1987/88
New York II

Medicare/Medicaid nursing home
information.

DATE

ISSUED TO

REF

HD 7102 .U5N76 1987/88
New York II

Medicare/Medicaid nursing home
information.

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